



GIRLS IN THE TWILIGHT ZONE

SOUTH & SOUTHEAST ASIAN SCENARIO

Lipi Ghosh

Paula Banerjee



Department of South & Southeast Asian Studies
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GIRLS IN THE TWILIGHT ZONE

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FOREWORD

Apathy and open discrimination against girl children begin in the very early stages of their lives. Often they are literally destroyed even before they are born. In infancy many of them are treated with contempt. In thousands of families they are the last to be fed. Even after the UN- declared Decade of Girl Child has passed, the situation of girl children in South and Southeast Asia has not improved to any considerable extent. Even though in most countries sex-test of fetus is illegal, it rampantly continues with enormous consequences for the girl child. In India the 2001 census has portrayed that ratio of girls among 0-6 year old children has fallen further. I am glad to learn that the Department of South and Southeast Asian Studies has initiated discussions on the situation of girl children in these two regions. This volume is a product of such discussion.

Papers presented in this volume are particularly noteworthy because most of them deal with the most vulnerable within the vulnerable category of girl children. For example, while discussing health issues, contributors have paid particular attention to the problems of female married adolescents, a much-ignored category. Regarding education, the authors have paid special attention to the problems of girls from minority communities. The editors have done an able job of focussing on the situation of girl children from different countries of South as well as Southeast Asia. They have done the right thing by putting the whole question in a comparative framework and urging for common policies among countries of these two regions.

What I particularly liked about this collection is that the authors have contextualised the problems within the larger socio-economic scenario. The volume contains historical overviews, policy analyses of different countries and specific case studies. In most cases the authors have pointed



out both the particularity and the universality of the situations. The authors have also tried to suggest alternatives and remedies where possible. It is an extremely serious problem and it may be the case that the volume throws up more questions than answers. And there lies the merits of the volume. It throws up issues which the other scholars may take up. This is an important beginning. It has my support and best wishes.

Professor Asis Kumar Banerjee
Vice- Chancellor
University of Calcutta



PREFACE

Problems for the girl child crop up as soon she is conceived in her mother's womb. Would she survive or wouldn't? With female feticide and infanticide on the rise, particularly in western India and parts of Uttar Pradesh and Rajasthan. The Government of India was forced to enact the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, banning amniocentesis and making its unethical misuse or advertisement punishable with upto 3 years imprisonment.

Again, while Article 21 of the Indian Constitution professes the right to life and personal liberty for men and women alike, sexual exploitation of underage girls is a cruel reality. India was a signatory to the 'U. N. International Convention for the Suppression of the Traffic in Women and Children' as well as the 'International Convention for the Suppression of the Traffic in Persons for Prostitution'. In addition, the 'Immoral Traffic in Women and Girls Act, 1986' and the 'Juvenile Justice Act' sought to address this burning issue. However, women and minor teenagers found in the flesh trade are victims of adverse socio-economic circumstances which cannot be eradicated by paper-based enactment. The customary initiation of young girls into the practice of Devadasi, Jogin and Venkatasin, prevalent in Andhra Pradesh, Karnataka and Maharashtra areas and the resultant practice of prostitution is a heinous crime against the person and minds of these innocent children. The girl children of prostitute-mothers are also exposed to an unhealthy atmosphere with little or no chance of social acceptability or rehabilitation. Recently, the Supreme Court in 'Gourav Jain and Union of India (1997)' laid down guidelines involving counselling, cajoling, coercion and NGO assistance in exercise of its rule-making power while addressing this problem. Like a vicious cycle, more and more girls are lured into the prostitution trade. On misinterpreting fictitious offers of marriage or lucrative jobs in big cities millions of girls from India and across the border from Nepal, Bhutan and Bangladesh and south-east Asia become victims of such gross human rights violations. Such is the magnitude of this particular problems, that even the recent 'Protection



of Human Rights Act, 1993' or overriding effects of Article 13 on nullification of unconstitutional laws fail to solve the social malaise. According to a recent World Health Organisation convention, almost 51% of 41 million minor-age girl prostitutes in India and Bangladesh alone are HIV positive, today.

Again, the economic exploitation of girl children in India and child labour in the unorganised sectors are also major burning issues today. In rural areas, the child who doesn't attend formal school is a working child. Collection of water, fuel, household chores, cooking, and taking care of younger siblings constitute an important element of a girl-child's life. Or else, she is sent out in cities to work as domestic help, in gross violation of the U. N. Convention on the Rights of the Child. The girl's ability to reach her true potential is not considered at all in a chauvinistic society. Poverty, factors like migration tendencies, gender discrimination, racial prejudice, socio-cultural prejudice, criminal syndicates engaged in producing girl-beggars and drug peddling rackets also contributes to augment further exploitation of the girl child. Hopefully, Article 32 of the Indian Constitution prohibits the employment of children in jobs hazardous to their mental and social development. Problems like engaging the girl child in cheap bonded labour, prostitution and sexual exploitation, organ transplant rackets, adoption and marriage, begging, stealing are legally stymied by the 'Child Labour Regulation Act, 1996' and the 'Bonded Labour System Abolition Act, 1976'.

Gross violation of the basic rights and dignity of street children, particularly the girls, is yet another burning problem. Contravening provisions of the 'Universal Declaration of Human Rights of 10 December, 1948', they have neither privacy, nor freedom from sexual and economic abuse. They are unimportant in terms of suffrage rights and ignorant of their right to free legal aid under Articles 39A and economic justice as under Article 38. Low on self-esteem and self-confidence and often without parental supervision they are employed erratically in the carpet industry, glass, fireworks and diamond polishing sectors, often working for 10 to 12 hours per day. The UNICEF declaration on "Child Abuse and Neglect in a Global Perspective"



pinpointed India as a hotbed of such worrisome exigencies along with Thailand and Burma.

However, with a growing consciousness about specific problems of the girl child and a social quest for remedies, there is also a growing consensus that proper implementation of the rights to a child's development can only be achieved through active international co-operation. The leitmotif of the movement seems inherent in Judge Hersch Lauterpacht's excerpt in 'International Law-from The Collected Papers of Hersch Lauterpacht' (Cambridge University Press, Massachusetts):

"The protection of human personality and of its fundamental rights is the ultimate purpose of all national and international laws."

Admittedly the idea of childhood is a European invention of the 16th century. Before the latter part of the Middle Ages, there was no concept of childhood. Even then, in popular perception, a 'child' is mentally perceived as a 'boy'. A girl child and her predicament does not fit in the agenda of things." That, probably, is the heart of the matter, in a patriarchal society.

Professor Surabhi Banerjee
Vice Chancellor
Netaji Subhas Open University



INTRODUCTION

The Context

In the context of South and Southeast Asia it is evident today that gender disparities have vitiated the process of development. Women face occasions of marginalisation from their infancy. According to Charlotte Bunch, Executive Director of the Centre for Women's Global Leadership, "violence against women and girls, many of whom are brutalised from cradle to grave simply because of their gender, is the most pervasive human rights violation in the world today."¹ India, which is the largest state in all of South Asia, reflects this alarming trend of increasing vulnerability of women among developing countries. Data from the 2001 census in India portrays that the sex-ratio for 0-6 year olds fell from 945 females in 1991 to 927 in 2001. "The new figures give India one of the world's lowest ratios for women to men; the statistical norm is 1050 females for every 1000 males."² Considering that this lowering of sex ratio of 0 to 6 years happened during the decade declared by the UN as the decade of girl child prompted us to organise a discussion on *Alternatives to the Problems of Girl Child in South & Southeast Asia* in the Department of South and Southeast Asian Studies, Calcutta University, in November 2001. This volume is a collection of papers presented in that seminar.

BACKGROUND

In the Indian subcontinent concern for the girl child was first reflected during the debates over *sati*. Campaigns for banning *satidaha*, or immolation of widows, led by Raja Rammohan Ray had enormous



significance for the girl child as child marriages was the order of the day. Records from the 24 parganas alone portray that in one year thirty five widows were burnt of whom there were two Brahmin girls aged sixteen and seventeen and one Kayastha girl aged nineteen.³ The next occasion when girl children became part of the popular discourse was during the debates over the Age of Consent Bill in 1891. This was necessitated by the death of Phulmoni, a ten-year old girl, who was the victim of marital rape. After this for a few years girl children disappeared from current debates. During this period the girl child as one observer says is only "captured in an idiom of loss. A girl child is the cause of mother's tears for all the hostility she has to suffer in her marital home."⁴ In the same vein Katherine Mayo wrote on the horrible fate of girl children in India in her book *Mother India* in 1931. By that time internationally the Geneva Declaration of 1924 had already highlighted that girl children are a particularly susceptible category. Yet programs for betterment of the situation of girl children in South and Southeast Asia did not materialise until much later.

In the 1970s when the United Nations declared the Decade for Women, research in the situation of young adult women generated tremendous interest. It became clear that the situation of girl child is directly related to the status of women. Yet the problematic part is that questions about girl children could not be subsumed completely within gender issues. For a better understanding of the situation of the girl child it was necessary to develop a syncretic vision on the situation of both women and children. Hence the decade of 1990 was declared as the decade of girl child. That decade has come to an end yet the situation of girl children



has not improved in this sub continent to any great extent. Even now reportedly three million to five million female foetuses are aborted in India each year and more than ten thousand girl children are killed after they are born.⁵ The two-day seminar on *Alternatives to the Problems of Girl Child in South & Southeast Asia* tried to identify focal issues pertaining to everyday lives of girl-children in this region. We proposed to take up the four most crucial issues of health, education, labor and violence and discuss these issues as they pertain to girl children and adolescents, thereby suggesting alternative policies for the improvement of their situation.

ISSUES

Health is perhaps the most important social requisite in human life. As today's girls are tomorrow's women and will bear responsibility for a new generation, it is imperative that the health -needs of girls be met. The present seminar was intended to identify basic risk factors (physical, developmental, behavioral, familial and emotional) determining the standard of health situation of girl children in South and Southeast Asia. In large sections of this region girl child is neglected and deprived of the most essentials in life. This attitude is rooted in a complex state of cultural and historical factors. In a survey carried out in Uttar Pradesh it was found out that "the higher rate of mortality among female children is to a large extent determined by the poorer nutritional status of female child compared to the male."⁶ In a poor family in most of South and Southeast Asia girl children are the last fed. According to a research carried in West Bengal it was found out that although "no explicit mention was made of gender-based discrimination in respect of



the number of meals taken or the type of food generally eaten by children," but "girls are usually denied delicacies."⁷ It has been found out that gender discrimination gets further accentuated on account of under employment, environmental hazards leading to food scarcity and poverty. Previous researches portray that due to different socio-economic factors young girls are more vulnerable to diseases such as tuberculosis, malaria, parasitic infestations etc. Yet access of girls to preventive and curative care is generally limited and out patient clinic record reveals a greater preponderance of males utilising such facilities.⁸ In a paper entitled *Gender Discrimination and the Health of the Girl Child in Asian Scenario: The Problem and the agenda for Action* Rajagopal Dhar Chakraborty tried to suggest some necessary correctives. According to him recognition of the need to improve the status of girl child and to promote their potential roles in development can no longer be seen only as an issue of human rights or social justice. Investment in girl children and particularly on their health is crucial to achieve sustainable development. Dhar Chakraborty is of the opinion that investing in the health of girls not only results in positive returns to the girls themselves but to the society. For the girls, better health means less drop outs from schools, enhanced earning capacity, increased access and opportunities in the labour market, reduced health risks associated with pregnancy and child birth and often greater control of their personal lives. Investment in girl's health has positive impacts on raising the general quality of life, reducing the country's population growth rates, improving the health and welfare of children and families, reducing health costs and contributing to poverty reduction. Yet, there is consistent discrimination against girl children. Girl children are the victims of vicious circle of ill health that pervades most countries of Asia. Of course the discrimination



is not universal; it is country and culture specific. The author suggests several programmes of action to reduce discrimination and to improve the general status of girls in the society

Apart from general discriminations against girl children in matters of health the seminar identified some other specific cases of discrimination particularly in matters of sexual health in the adolescent age. Adolescents, particularly girls, are a category that most developmental programmes have overlooked. It is apparent that the situation of girl children deserves regional level planning. This seminar was particularly intended to highlight the situation of even more vulnerable categories such as married adolescent girls. It was felt that in many occasions they were less empowered than even girls of their age who are not married. K G Santhya's article entitled *Reproductive Health Profile of Married Adolescent Girls in South & Southeast Asia* is on such issues.

Santhya writes on the reproductive health profile of married adolescent girls in South and Southeast Asia. For developing countries one crucial problem is marriage of girls at the age of adolescence and their vulnerability to reproductive health related problems. Santhya's paper begins with very tangible comparative analysis of the countries of South and Southeast Asia. With help of data analysis Santhya presents meticulous picture of females married in adolescence. The article proceeds with the question of sexual and reproductive health situation, levels and health consequences of early child bearing and thus traces the tremendous synergy between women's nutritional and reproductive health status. A very crucial point in the article is the comparative analysis of



the situation about sexually transmitted diseases as well as HIV/ AIDS and related contraceptive practice. The author arrives at the conclusion that the magnitude of unmet need among married adolescents is higher in South Asia than in Southeast Asia. The article proceeds with explanation of the factors responsible for poor adolescent reproductive health situation. These are: lack of awareness, limited access to information as well as gender based power imbalances, confinement of adolescent girls in domestic sphere, low and limited communication between partners about reproductive health as well gender power imbalances leading to limited access to health care. Thus the paper is an important contribution throwing light on plight of married adolescent girls. Finally the article brings forward certain recommendations. Santhya concludes that adolescents need information which is often unavailable to them, skills and services to protect themselves from unwanted sex, sexually transmitted infections, unplanned pregnancy, unsafe abortion, child bearing and malnutrition.

With respect to the education of girl child in South and Southeast Asia the seminar identified different factors (social, economic and environmental) behind low level of their education in the region. Forty years after the Universal Declaration of Human Rights, the World Declaration of Education for All, Jomtien 1990 portrayed that everyone has a right to education. The International Conference on Population and Development (ICPD), held in Cairo in 1994 revealed the inter linkages between population, poverty, gender inequality and development. In its *Agenda for Action* it was stated that everyone "has a right to education, which shall be directed to the full development of human resources, and



human dignity and potential, with particular attention to women and the girl child.”⁹ The Fourth World Conference on Women in Beijing in 1995 reaffirmed the responsibility of the international community to intensify efforts for universal access to education. Recent researches portray that there is a co-relation between per-capita income and gender disparities in girls’ education outcomes. Investigations carried out in Rajasthan reflect that for girls to enter schools, “the first stumbling block is poverty, and that women from poor communities, especially in rural areas need special attention.”¹⁰ Low levels of literacy lead to other concomitant problems and “numerous studies show that illiterate women have high levels of fertility and mortality, poor nutritional status, low earning potential, and little autonomy within the household.”¹¹ Recent researches portray that there is a direct correlation between education and autonomy of girls in highly gender-stratified societies found in South and Southeast Asia.¹² Apart from analysing policies of governments in the region regarding education of girl children the seminar addressed the situation of more vulnerable categories such as girl children from minority communities. It also addressed questions of gender bias in curriculum. The article entitled *The Indian Girl Child: A Situational Analysis* is by Gouri Srivastava. She says that since independence the concern for girls’ education has acquired a significant place in government schemes, programmes and policies. The paper makes a comprehensive study about the education of Indian girl children in the post independence days. Highlighting the strategies to combat problems of girls in the policy making level, the paper presents an up to date situation analysis till the end of the last millennium. It refers to the various government policies and analyses their nature of adoption and implementation. The paper



begins tracing the socio cultural factors responsible for discontinuance of girls' education. It is the patriarchal social structure that makes preference for a son in society and resultant treatment of girls as a liability. To Srivastava the life cycle of the girl child from womb to tomb is marked by policy of elimination and deprivation. The paper also refers to the aspect of food, health and overall care. Undernourished and nutritional depletion is a common phenomenon for Indian girls. Finally she turns to the question of education. In the importance given to boy's education the girls in Indian society become neglected. She narrates how existing social customs and *purdah* affect girls' education. Poverty stricken economy too plays a vital role while common notional beliefs among parents that educating girls is a social burden equally exhausts the situation. Those being the seed factors behind low rate of girl's education, Srivastava makes a comprehensive analysis of certain school related factors resulting in degradation of girls' education. In final turn the article makes an analysis of or recommended policies and hopes that an active community support would bring girls' education at the centre stage of education in the new millennium.

Another much talked about issue regarding the education of girl children is the question of bias in curriculum. According to some specialists "high school girls with exceptional math and science abilities still are less likely than their male counterparts to pursue major in science or engineering due, in large part, to gender related expectations."¹³ Largely girl children are encouraged to study humanities or social sciences. Sharmistha Chakrabarti in her paper *Importance of Science Education for the Girl Child* tells us the role of science in educating the girl children. The author



begins with the statement that as today's girls are tomorrow's women, and will bear responsibility for a new generation, education plays a vital role in shaping their future. In a country where gender disparities are very obvious in practically all spheres of life, talking about the importance of science education for the girl child may not seem such a pertinent issue. But Chakrabarti is of the opinion that to make their situation more equitable girl children should be encouraged to take up the sciences. In her paper she deals with what science teaches in everyday life, its practical application, the basic concepts and how a girl child in particular benefits out of this teaching. An education in science helps to break superstitions and conventional ideas, strengthens analytical and logical thinking (here mathematics plays a very important role), teaches physiology by explaining functions of the body, and highlights the usefulness of health and hygiene amongst other things. At every stage of a child's life, these are important lessons that s/he needs for improving the quality of their lives. Science, besides teaching basic concepts, imparts a practical education.

Among the already vulnerable category of the girl children are the further marginalized or the minority girl children. In another context it has been said that when, "researchers have examined gender socialization of adolescents, they rarely include girls of color or girls from different social classes."¹⁴ For South and Southeast Asia too it can be said with some certainty that we hardly ever look into the situation of girls from minority communities. A girl in Muslim society is not debarred from education at least in theory as Quran acknowledges that men and women function as individuals in society says Uttara Chakraborty in her article entitled



Education of Daughters: Veil and the Muslim Girl. She makes a very comprehensive and attractive study of the Muslim girls and their identity questions. Her article identifies the imperative or that have traditionally obstructed girls' education. *Purdah* (*Niqab* ; *Hijab*) or the compulsive seclusion of girls from very early age prevented them to assert their identity. Chakraborty takes note of the fact that the class division between the *Asraf* and *Ajlaf* had reflections on the condition of women. Tragedy is that whether *Asraf* or *Ajlaf* in reality they both were crippled under superimposition of veil and patriarchal exploitation.

The paper on education of Muslim women in India proceeds further with a study about the complex set up that Muslim girls faced in the colonial age. Isolated in public sphere the Muslim man looked inward and made the private sphere his domain. Chakraborty observes that in the eyes of Muslim patriarchy a woman is born unequal and dispensable. Thus by a strange logic woman's seclusion and department were regarded as inevitable for safeguarding and delivering the dignity of community's existence. In the following part the paper depicts the role of Muslim women who rebelled against the social taboos. In turn Chakraborty takes up the question of twentieth century modernity. The article makes an in depth study of Begum Sakhawat Hossain, Nazira Zen-ed-Din and Fazil-tannessa and their subsequent impact on liberation of Muslim women. In final analyses the paper presents an account of the post- colonial scenario. Although immediately after partition border broke the solidarity of women's movement, gradually the meaning of *purdah* loses its urgency and creditability in the modern period. Chakraborty observes that education and knowledge leading to self reliance and emancipation



have fortified Muslim women. The final observation is that the struggle continues and apt is the observation by Meena Keswar Karnal- "I am the woman who have awakened and I have found my path and will never return."

Girl child and the notion of labor is an important caveat that this seminar addressed. Millions of young girls suffer from adversities of child labour in the region under discussion. "India has the dubious distinction of being the nation with largest number of child labourers in the world."¹⁵ It is a myth that only poverty leads to child labour because in rich states in the sub-continent there are increasing masses of child labour. Among the labouring children it is the girls who are more in number particularly among landless labourers. Millions of landless labourers across the region migrate from village to village for eight months in a year. "Most such families leave the boys behind to continue with their schooling. Girls are taken along because leaving them may not be safe and because their education has low priority."¹⁶ Often they join the ranks of child labourers. Girl children are the poorest people in the world. It is a common fact that girl children are found in greater numbers within the labor force than boy children. The seminar attempted to identify the existing factors behind incidents of increase of girl child labor and discussed relative urban and rural dichotomies. Social attitude towards girl child labor and its resultant impact in the employment sector was addressed. The seminar addressed the situation of girl children in a particularly hazardous profession such as bidi making. *Girl Child in Bidi Making : A Case Study of Kolkata* by Basabi Chakraborty highlights the socio- economic condition of girl children in the context of general



problems of girl child in the South Asian countries. The socio economic and demographic profiles of girl child labour presented in the paper are interesting. It takes note of the age, household, monthly income, savings indebtedness, education, employment status etc. The major point of exploitation is the extreme low wage rate and the occupational health hazards. The paper proceeds by taking note of legal and policy positions regarding girl children bidi workers and concludes that strict legal action should be initiated to change the prevailing socio- economic system to eradicate the problem of girl child labour.

The issue of violence towards girl children was perhaps the most pertinent part of the agenda. Domestic violence towards girls (beginning from feticide, infanticide to beating, torture and rape) as well as exploitation of girls as sex workers/child prostitutes was the subject matters of discussion. The seminar highlighted the situation of conflict and its effects on girl-children and also took up the question of trafficking of girl children. It was concluded that particularly in the context of trafficking it is essential that the ASEAN and SAARC countries work in tandem as girl children from South Asia are trafficked to Southeast Asia, such as those from Bangladesh to Malaysia and vice versa. A common policy recommendation for governments, public charity organizations, women's groups etc. to confront the situation more effectively were prescribed. Indrani Sinha's article entitled *No Where girls : Victims of Trafficking* presents an interesting picture about the unknown or little known world of trafficking in human being. The article begins with two case studies depicting plight of girls in the deplorable social structure that pulls them to the vulnerable world of sex work. To Sinha it is the



patriarchal society that treats a girl as a burden of parental home and supports the girl only till her marriage. The paper traces the factors responsible for trafficking: to the author caste and communal bias, poverty/ feminisation of poverty as well overall gender discrimination enforces the situation. Sinha discusses the strategies like rescue and reorientation, which has shown results. Rescue efforts to Indrani Sinha can come out of police and NGO collaboration, community policing and initiatives of persons being trafficked. She recommends strategies such as outreach programme for women in prostitution, sensitization of organisations and individuals as well as legal mechanism. By the policy of reintegration she means attempts at going beyond traditional services as well as generation of awareness and formation of campaigns. It also necessitates thinking of alternatives to the problems and training at professional level. Finally the paper suggests the alternatives to the problem : addressing gender inequality, creation of political will and control of sexual exploitation of both women and children, monitoring of rescue and reintegration programmes and above all she hopes that proper and well knit networking of developmental agencies will provide answers to a safer world.

Speaking of another country Luckana Peyaprapapun in *Fresh Hope for Girls in Thailand* presents us with a collection of surveys and information on the problems of girl child in Thailand. Luckana identifies four crucial problems of Thai society relating to girl child. She says girls are the worst victims of child labour. She discusses the situation of stateless girls, their poor state of education and also speaks of girls with HIV/ AIDS & drug abuse. Luckana speaks in her paper not just of local



Thai girls but also of migrant worker girls. At the outset she takes into account the condition of girls as child labour in domestic sector and in the world of sex trade. The second identified problem area is non-citizenship and statelessness of hill tribe and migrant girls in the hill districts as well as in the border provinces of Thailand. Education of girls is the third important area covered by Luckana. The article talking of girls' education at various levels narrates the government of Thailand's policy in the sphere. Finally the paper talks about girls with HIV/ AIDS and drug abuse. She narrates the social and cultural practices enhancing the problems and the weakening of family as an institution. In the long run the author reviews the existing laws like constitutional laws, the Penal Code and Acts relating to prevention of prostitution and trafficking in women.

CONCLUSION

By now it is perhaps obvious that a major objective of the seminar was to highlight the situation of the more vulnerable within the marginalized category of girl children. True that we intended to create awareness that the problems of girl children is not particular to any region but is a universal issue and an issue of rights. In most of the papers presented there are policy recommendations that discuss correctives to the problem of girl children in both South and Southeast Asia portraying the commonality of issues and highlighting the necessity of similar policy formulations in both regions so that they may work in tandem. But we also have tried to portray that girl children are not a homogeneous whole but they too have their own peculiarities and cultural specificities and any



alternative needs to address this. We have tried to portray that the violence that marginalizes women in society comes to their lives at an early age. For any comprehensive programmes on alternatives to the problems faced by women in our part of the world it becomes imperative that we begin with girl children. Otherwise success will prove illusive. We are grateful to all the participants in the seminar and our colleagues in the Department of South & Southeast Asian Studies for their sustained support.

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THE CHILDHOOD GENDER GAP IN HEALTH CARE IN THE SOUTH AND SOUTHEAST ASIAN PERSPECTIVES - THE PROBLEM AND THE AGENDA FOR ACTION

Rajagopal Dhar Chakraborti

Recognition of the need to improve the status of girl child and to promote their potential roles in development can no longer be seen only as an issue of human rights or social justice. Investment in girl children and particularly on their health is crucial to achieve sustainable development. Low levels of education and training, poor health and quality of nutritional standard and limited access to resources since early childhood depresses women's quality of life, limits productivity and hinders economic growth and efficiency. Investing in the health of girls not only results in positive returns to the girls themselves but the returns to the society are even larger and last for generations. For the girls, better health means less drop outs from schools and therefore more improved skill formation, enhanced earning capacity, increased access and opportunities in the labour market, reduced health risks associated with pregnancy and child birth and often greater control of their personal lives. Investment in girl's health has positive impacts on raising the general quality of life, reducing the country's population growth rates, improving the health and welfare of children and families, reducing health costs and contributing to poverty reduction.



A perusal of the status of the child health care in most developing countries in South- Central Asia indicates that the policy makers are yet to recognize the importance of non- discriminatory health care to the children. The girls suffer, as parents by their narrow private cost benefit calculation prefer to invest less on girls than on boys in the family. Most governments in the developing countries have failed to adopt suitable social intervention to induce the family to move to more girl friendly approaches.

THE CHILDHOOD GENDER GAP IN HEALTH CARE

There is a vicious circle of ill health in most developing countries. When a family's breadwinner becomes ill, other members of the household may at first cope by working harder and by reducing consumption. Both adjustments can harm the health of the family. As health care costs are high and rising, many households get deeper into debt. Thus ill health may contribute to financial distress and further sickness in the house. The girl children are often forced to be in door to look after the sickly relatives. Moreover, their own iron and iodine deficiency, sexual abuse, non-conducive social atmosphere for a girl to move freely etc. bring further agony on their mental and physical health.

Despite significant improvements in medical sciences and health care, 23% of all deaths in the developing countries are deaths to children under age 5. The infant mortality rate¹ has declined during the last decade in virtually all countries of South and Southeast Asia, but still remains high



(60-100 per 1000 live births) in some. Child mortality rates show a similar pattern². The tables 1 and 2 summarize the sex differences in infant and child mortality data from the Demographic and Health Surveys (DHS) for six countries of the region: Bangladesh, India, Indonesia, Nepal, Sri Lanka and Thailand.

Table 1: Infant mortality rate by sex in six selected South and Southeast Asian countries

Country	Sex	Infant mortality rate per 1000 live births	Year
Bangladesh	Female	84.2	1996-97
	Male	95.0	
India	Female	83.9	1992-93
	Male	88.6	
Indonesia	Female	44.9	1997
	Male	59.1	
Nepal	Female	83.7	1996
	Male	101.9	
Sri Lanka	Female	20.0	1993
	Male	30.8	
Thailand	Female	31.1	1987
	Male	45.1	

Sources : See Data Sources at the end of the article



Table 2: Child mortality rate by sex

Country	Sex	Child mortality rate per 1000 children in the 1-4 year age group	Year
Bangladesh	Female	47.0	1996-97
	Male	36.9	
India	Female	42.0	1992-93
	Male	29.4	
Indonesia	Female	19.5	1997
	Male	19.2	
Nepal	Female	56.5	1996
	Male	45.5	
Sri Lanka	Female	6.8	1993
	Male	7.8	
Thailand	Female	11.4	1987
	Male	10.8	

Sources : See Data Sources at the end of the article



INFANT³ MORTALITY :

Genetically, on the first year after birth males are more susceptible to deaths than females because of greater incidence of pre-maturity and the fact that their lungs are less well developed and their immune system is weaker than that of females. Mortality in infancy and especially in the neonatal period is dominated by perinatal⁴ causes to which males are especially vulnerable. Higher female mortality is rare in infancy and even more so in the early neonatal period⁵. We see the similar pattern in the developed countries during their periods of high mortality. Between 1800 and 1900 infant mortality rates (IMR) was within the range of 110 to 122 deaths in males per 100 deaths in females in today's developed countries. Almost similar trends are seen in all these six countries of South and Southeast Asia (as shown in table 1). However, when infant mortality rates are disaggregated into neonatal⁶ and post-neonatal mortality rates (as in Table 3), a different picture appears. While neonatal mortality rates for males were higher than that for females in all countries, female post-neonatal mortality exceeded that for males in Bangladesh and India. This vital statistics remain hidden if infant mortality data are not disaggregated into neonatal and post neonatal mortality. This is an unusual phenomenon. It is obvious that insufficient and discriminatory family level health care in Bangladesh and India have nullified the inherent biological advantage of females over males.



Table 3: Infant, neonatal and post-neonatal mortality rates by sex in selected countries of the Region

Rates	Bangladesh (1996-97)	India (1992-93)	Indonesia (1997)	Nepal (1996)	Sri Lanka (1993)	Thailand (1987)
Infant mortality rate (IMR)/1000 live births						
Female	84.2	83.9	44.9	83.7	20.0	31.1
Male	95.0	88.6	59.1	101.9	30.8	45.1
Neonatal Mortality rate (NMR)/1000 live births						
Female	49.0	48.1	22.7	50.4	14.9	19.4
Male	60.3	57.0	27.2	65.6	21.9	28.2
Post-neonatal mortality rate (PNMR)/1000 live births						
Female	35.2	35.8	22.2	33.3	5.1	12
Male	34.7	31.7	31.8	36.2	8.9	16.9
Female/male ratio						
IMR	0.97	0.95	0.76	0.82	0.64	0.69
NMR	0.93	0.84	0.83	0.77	0.68	0.63
PNMR	1.05	1.13	0.70	0.92	0.57	0.69

Sources : Data Sources as noted at the end of the article

CHILD⁷ MORTALITY :

As in the case of infant mortality, higher female child mortality is also relatively rare. Risks of dying are almost the same for girls and boys between age one and four. Higher girl's mortality from measles⁸ (measles is known to have higher female mortality for all ages up to 50 years) is compensated by male mortality from violence and accidents. In the developed countries, the sex ratios in child mortality rates are close to one. Once again, south-central Asia and to a lesser extent Northern Africa and Western Asia stand out as regions with unexpectedly high female child mortality relative to male mortality. While in the latter two groups, there are signs of improvements; the trends in South Central Asia are not satisfactory. The most pronounced excess female mortality is found in Bangladesh, India and Nepal in the 1980's. In these three countries, girls



are 20 to 30% more likely to die in the childhood years than boys are. As Table 4 shows, female child mortality rates (1-4 years) exceeded male child mortality rates in all countries except Sri Lanka and Thailand. Higher female child mortality was evident in all countries except Indonesia in the 1970s. But here too, the situations turned worse for the females in later years. The situation in Thailand and Sri Lanka had changed for the better for girl children by 1985 and 1995, respectively. In Pakistan also the relative survival chances of girls in childhood appear to have improved in 1970's and 1980's. However, in Bangladesh, India, Indonesia and Nepal, the situation for girls relative to boys has been progressively worsening since the 1970s. The result for India is particularly striking and important because of its large population. In the 1970's, excess female mortality in childhood was estimated at 11% but by 1980's the excess had grown to 28%. Studies indicate that gender discrimination contribute significantly to this excess female mortality⁹.



Table - 4: Trends in sex differentials in child mortality (1-4 years) in selected countries of the Region

Country	Year	Female child deaths/100 male child deaths
Bangladesh	1970	117.6
	1985	131.6
	1990	110.4
	1996-97	127.4
India	1977	112.4
	1985	138.9
	1992-93	142.9
	1996	163.1
Indonesia	1970	78.1
	1985	98.0
	1997 ^a	101.6
Nepal	1970	108.7
	1985	128.2
	1996 ^a	124.2
Sri Lanka	1975	109.8
	1985	104.2
	1995	96.2
Thailand	1972	106.4
	1985	86.2
	1991	79.0
	1994	77.0

Source : WHO, Women's Health in South-east Asia, WHO, Geneva, 2001.

NUTRITION AND GIRL CHILDREN

Nutritional deficiency at the extreme may cause death but in between some of its effects such as Low height for age (stunting), Low weight for height (wasting) and Low weight for age (stunting and wasting) are equally dangerous. Luckily for us, Demographic and Health Survey data for 35



developing countries between 1986 and 1994 on nutritional status does not indicate much sex differences on the access to nutrition. While India was not a part of the surveys, two countries of South Central Asia: Pakistan and Sri Lanka were part of those surveys. Girls in Pakistan received better nutritional status than boys while girls in Sri Lanka are slightly stunted and underweight for age.

SEX DIFFERENCES IN THE HEALTH CARING OF CHILDREN :

Sex-specific data from demographic and health surveys are available for some countries of the South and Southeast Asia on family health caring on children. This includes vaccination coverage of children and of treatment of diarrhoeal diseases, acute respiratory infections and fever. In almost all countries, there is a noticeable difference by sex of the child in both vaccination coverage and in treatment sought in case of illness. Further, a smaller proportion of girls than boys were taken to a health facility or provider in many countries. Table 5 sums up the findings from different national level surveys on health care discrimination in the childhood. In Bangladesh and Nepal, the overall levels of treatment seeking are very low but even then families manage to show less care to the girl children. In contrast, in India and Indonesia, over 60% of children are taken to health service providers for cough and cold. Here too, the boys are more favoured than girls. Not seeking medical treatment need not necessarily mean that no treatment was given to the children, as most Asian countries abounds in home remedies and traditional healthcare practices. However, some surveys have managed



to secure data to prove that there exist a large proportion of children for which no treatment was sought for diarrhoea. This confirmed that more girls than boys went without any treatment for diarrhoea in all countries except Sri Lanka. In Pakistan, sex differences in the curative health care are almost negligible. In India, boys have been more favoured than girls with respect to diarrhoea, fever and respiratory health care, though bias was more pronounced in the North than in the South. In Bangladesh, northern India and Pakistan boys are significantly more likely than girls to have received any vaccination and to have received measles vaccination.

Table - 5 : Gender differentials in vaccination coverage and treatment sought for diarrhoea and cough in selected countries of the Region

Country	Per cent of children 12-23 months who have received all* vaccinations		Among children under five who had diarrhoea in the two weeks preceding the survey, proportion taken to a health facility or provider		Among children under five who had diarrhoea in the two weeks preceding the survey, proportion who did not receive any treatment		Among children under five who had cough in the two weeks preceding the survey, proportion taken to a health facility or provider	
	Female	Male	Female	Male	Female	Male	Female	Male
Bangladesh (1996-97)	52.2	55.8	20.3	24.1	9.0	6.9	29.0	36.6
India (1992-93)	34.1	36.7	59.2	63.0	21.0	17.8*	60.8	70.8
Indonesia (1994)	50.3	50.5	54.1	52.6	24.0	21.2	60.1	65.0
Nepal (1996)	39.9	46.7	2.9	14.7	36.9	32.8	32.8	18.2
Sri Lanka (1993)	—	—	74.0	68.2	3.9	7.5	—	—
Thailand (1987)	—	—	39.5	42.5	15.5	13.6	—	—

Source : Data Sources as noted at the end of the article



FAMILY FORMATION :

In societies preferring sons, the birth of a daughter will be followed more swiftly by another birth than in the case of the birth of a son. Conversely, parents to whom a son has been born may discontinue childbearing altogether or to delay the next birth. Such a pattern of family formation may disadvantage girls because children who experience a short interval to the birth of a younger sibling are known to be at a higher rate of death than other children. In Egypt such factor contribute to 5% of overall excess female mortality. In Bangladesh, birth spacing is little longer than Egypt but even then this type of family formation disadvantageously places girls.

GENDER GAPS IN EDUCATION :

The Population Action International has classified the developing countries into gender gaps on the basis of school enrolment. The gender gap score averages the difference between gross enrolment rates for boys and girls at the primary and secondary levels. The higher the gap score, the more disadvantaged girls are relative to boys. There are four broad groups according to gender gaps: (a) Large gap: This group includes India, Nepal, Afghanistan (b) Moderate gap: Bangladesh, China, Indonesia etc; (c) No gap: The Philippines, South Korea, Singapore etc (d) Reverse gap: Sri Lanka, Lebanon etc. Most developed countries are included in the No Gap category.



THE FACTORS RESPONSIBLE FOR CHILDHOOD GENDER GAP IN HEALTH CARE

1. Maximization of Productivity of family income: There is a perception that future income flows from sons are greater than those of the daughters. Such perceptions are boosted by the fact that :

- ✓ Job market particularly in the informal sector has a gender bias;
- ✓ Technology in the informal / rural sector has a male bias;
- ✓ Migration is male specific;
- ✓ Boys support during old age;
- ✓ Girls leave the natal home after marriage while boys normally do not leave the home unless required for income generations;
- ✓ For the marriage of girls, often dowry is to be paid while reverse flows from the sons' marriage;
- ✓ Girls require protection both indoor and outdoor.

Most low income families are subject to these economic realities and are therefore keener to protect the health of male children rather than female children. There is widespread son preference in most of these countries. The problem is further compounded by the wrong understanding of the potential of the girls in family's upbringing and growth. This arises through lack of education on the part of mothers. Studies indicate that in households with an educated mother, girls get more nutritional advantage or curative health care.

2. Extreme poverty forces family to prioritize their budgetary allocation. Limited resources are allocated disproportionately to sons. Studies show that girls with brothers have been neglected while girls without any brother face no such problems.

3. Girls who have one or more older sisters often find themselves undervalued and often consciously or unconsciously withdraw from various activities.



THE AGENDA FOR ACTION :

It may not be easy to alter the family level discriminations against girl children. It has been rooted in many cultural practices. Even in China and Korea despite reforms and pro-women measures including favourable education, employment, sex-selective abortion and high female mortality are very common. There is growing evidence that parents of smaller family size are able to spend more on health care and education than parents of large families. Small family norms help the girl children. Poor families are unwilling to spend on the curative health care of girl children. The shift towards market system of health care will prove disastrous to the girl children. Some system of compulsory health insurance for girl children with cross subsidy and the state buying the premiums of the girl children in the BPL (below the poverty line) families, may be effective. For that identification of BPL families are very important and must be completed in an impartial manner. Education of mothers should get some priority. Some system of providing information and education that emphasize the importance of equal treatment for boys and girls may be tried from the maternity homes. Such education should continue thereafter. Many countries have been able to create awareness on breast feeding through educational campaigns at such places. At the same time, policy and programme interventions that target morbidity and mortality of both boys and girls should continue to receive priority.

At the last but not the least, more vigorous programmes should be on to provide adequate food and nutrition to other mothers and children. Provision of adequate food and nutrition are essential for women to ensure optimal work capacity and normal reproductive performance, and



to develop resistance to infections under nutrition increases susceptibility to infection and disease, and reduces work capacity and productivity. It stunts growth and impedes physiological maturity in the childhood. Poverty combined with cultural norms regarding food taboos, and food allocation within the household often causes nutritional deficiencies in women. As a consequence, an estimated 20-45% of women of childbearing age in the developing world do not eat the WHO recommended 2250 calories a day. Women work no less than men both within and outside the home. In addition, menstruation, pregnancy and lactation further emphasise that they must have access to the required food intake providing the calories. Otherwise vicious circles of ill health from mothers to the children would continue unabated. Recognizing the magnitude of the problem of malnutrition worldwide, global goals were set following the World Summit for Children in 1990 and reaffirmed at the International Conference on Nutrition in 1992. These goals are to reduce severe and moderate malnutrition among children under five years of age by half of the 1990 levels, increase the percentage of newborns having an adequate birth weight (2500 grams or more) to 90%, reduce to less than 10%, and possibly eliminate iodine deficiency disorders, eliminate vitamin A deficiency and its consequences including blindness, and reduce iron deficiency anemia. It is imperative that the countries come forward and work hard to ensure food for all. The task may not be difficult as in the world today we produce much more foods than what we require. Even then we falter and will falter much more in the future years too. The political determination to create a hunger free egalitarian world is simply not there.



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¹ The number of infants, out of every 1,000 babies born in a given year, who die before reaching age 1. The lower the rate, the fewer the infant deaths, and generally the greater the level of health care available in a country.

² World Health Organization. The world health report 1995: bridging the gaps. Geneva: WHO; 1995.¹

³ Those who have not reached one year yet

⁴ The period from 22 completed weeks (154 days) of gestation until seven completed days after birth.

⁵ Waldron I. Patterns and causes of excess female mortality among children in developing countries. *World Health Stat Q* 1987; 49(3): 194-210.

⁶ The number of deaths in infants under 28 days of age in a given period, usually a year, per 1000 live births in that period.

⁷ Children are defined as those who have completed 1 year but not completed 5 years

⁸ Garenne M. Sex differences in measles mortality: a world review. *Int J Epidemiol* 1994; 23(3): 632-42.

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REPRODUCTIVE HEALTH PROFILE OF MARRIED ADOLESCENT GIRLS IN SOUTH AND SOUTHEAST ASIA

K.G. Santhya

INTRODUCTION

Over the last decade, interest in adolescent sexual and reproductive health has begun to grow globally. There is a consensus that adolescents need expanded information, skills, and services concerning sexual and reproductive health. Programmatic and research efforts have been considerably enhanced to address these multiple needs. Most attention has been focused on sexual activity among unmarried adolescents. Yet, data show that the majority of sexually active adolescent girls in developing countries are married. For example, in India, the ratio of sexually active adolescents to unmarried adolescents is 6 to 1 (Jejeebhoy, 1996). While striving to meet the needs of all adolescents, it is important to recognize that married adolescent girls represent a particularly vulnerable—and largely invisible—population. For example, they are highly vulnerable to significant reproductive health problems, including pregnancy-related morbidity and mortality, sexually transmitted infections, including HIV infection, as well as non-sexually transmitted reproductive tract infections. They suffer disadvantages in other areas as well—for example, they are less likely than unmarried girls to complete their education. Despite their large numbers, elevated risks, and many unmet needs, married adolescent girls have rarely been the target of programmatic efforts.

Taking stock of what we know and what we need to know about their sexual and reproductive health situation, choices and needs is important for designing effective reproductive health programs for married adolescent girls. Drawing data from Demographic and Health Surveys conducted in the 1990s and some small-scale studies, this paper assesses the reproductive health situation of married adolescent girls in Asia and



discusses some of the antecedents that determine their health status, such as, their level of awareness, autonomy and mobility, access to health services. Where data permit, the paper compares the situation of married adolescent girls with that of unmarried adolescent girls and married adults.

For the purpose of this paper, adolescents refers to 15-19 year olds, as data on reproductive health are most commonly available for this age group. Adults refers to those aged 20-34, unless specified otherwise. The situation and needs of adolescents differ by gender, age, marital status, education, social and cultural background, and living condition. However, this paper reflects on overall picture only. The overview presented in the paper is limited to those countries for which national level data are available for the most recent period. These include Bangladesh, India, Nepal in South Asia, and to Indonesia, the Philippines, and Vietnam in Southeast Asia.

MARRIAGE PATTERN

Age at marriage is rising overall in many Asian countries, a development that has led to an extended period of adolescence for girls. Yet, significant proportions of women marry while they are "children" (before their 18th birthday, age which defines end of childhood as per the U.N. Convention on the Rights of the Child). Differences across the region are marked. The proportion of ever-married adolescent girls is much lower in Southeast Asia than in South Asia. Among Southeast Asian countries, about one in ten (the Philippines and Vietnam) to almost two in five (Indonesia) adolescent girls are already married (NSO et al., 1999; NCPFP et al., 1999; CBS et al., 1998). In contrast, in South Asia, between one in three (India) to almost one in two (Bangladesh) girls are already married (IIPS and ORC Macro, 2000; NIPORT and Mitra and Associates, 2001). Among 20-24 year old women, between one-half and two-thirds in South Asia, and between one-ten and one-third in South-East Asia were married before their 18th birthday (Table 1).



Table 1: Proportions of females married in adolescence in selected countries in South and South East Asia

Country	Year	Percent ever married (15-19)	Percent married (20-24)		
			By age 15	By age 18	By age 20
Bangladesh	1999-2000	48.1	38.2	65.3	75.4
India	1998-99	33.6	23.5	50.0	67.1
Nepal	2001	40.3	14.1	56.1	74.5
Indonesia	1997	18.0	5.8	29.6	47.0
Philippines	1998	8.5	2.0	14.6	27.5
Vietnam	1997	7.7	0.9	12.4	35.9

Sources : Demographic and Health Surveys

SEXUAL AND REPRODUCTIVE HEALTH SITUATION

With marriage, adolescent girls experience critical and defining life events— premature end to schooling and livelihood choices, break with familiar social networks, entry into a new relationship and new family, often in a low-power position, first sexual intercourse, and childbearing— all of which have a profound bearing on their sexual and reproductive health. Although the availability of data on adolescent sexual and reproductive health situation has increased in recent years, there are serious knowledge gaps. Data currently available address primarily on pregnancy and reproduction and less on other aspects of health and choice such as sexual risk behaviours, reproductive tract infections, non-consensual sexual relations, and other related issues (Santhya and Jejeebhoy, 2002). The sections below summarise the existing evidence on health situation of married adolescent girls.



LEVELS AND HEALTH CONSEQUENCES OF EARLY CHILDBEARING

Asian countries have witnessed a substantial decline in fertility rate over the past decade and a subsequent fall in adolescent fertility. However, adolescent fertility continues to be fairly high in a number of countries, especially in South Asia. In many parts of South Asia, a girl must prove her fertility soon after marriage and son preference is an important determinant of fertility behaviour (Pachauri, 1996). Given this pressure, it is not surprising that between two-fifths and three-fifths of currently married adolescent girls are already mothers in South Asian countries. The practice is pervasive in Bangladesh, where 63% currently married adolescents has had a child. Although early marriage is less common in Southeast Asia, early childbearing within marriage is as frequent. Three in five currently married adolescents in the Philippines are mothers. Similarly, 52% of currently married adolescents in Indonesia and 45% of those in Vietnam have had a child (Pachauri and Santhya, 2002).

Not only does childbearing occur early among married adolescents, but subsequent pregnancies also tend to be closely spaced. Data from the Demographic and Health Surveys show that between two-fifths and three-fifths of children born to adolescent mothers in Bangladesh, India and Nepal were born after 'too short' interval (less than 24 months) after the previous birth. In Indonesia and the Philippines, more than two-thirds of children to adolescent mothers were born less than 24 months after the previous birth. The data presented in Table 2 confirm that compared to adolescent girls, married adults (20-29 year olds) are much more likely to space their subsequent pregnancies for longer periods. A sizeable proportion of pregnancies among adolescents were unwanted or mistimed in all these countries: less than one in ten in Indonesia to more than one in three in the Philippines (Table 2).



Table 2 : Child bearing practices among adolescents in selected countries in South and South East Asia

Country	Year	Contraceptive use		Unmet contraceptive need	
		15-19	20-34	15-19	20-34
Bangladesh	1999-2000	38.1	56.0	20.0	16.4
India	1998-99	8.0	45.5	27.1	19.2
Nepal	2001	12.0	38.2	35.6	31.0
Indonesia	1997	44.6	62.5	9.1	9.1
Philippines	1998	18.3	47.5	32.1	23.2
Vietnam	1997	18.1	73.3	9.7	9.1

Note : \$ Includes unmarried and married adolescent girls

Sources : Demographic and Health Surveys

The synergy between women's nutritional and reproductive health status is well established. Anaemia during pregnancy increases the risks of maternal and infant death, premature delivery, and low birth weight (Jejeebhoy and Rama Rao, 1995; Koblinsky 1995). Data from Demographic and Health Surveys show that 15-18% married adolescent girls were stunted in India, Nepal, and Bangladesh (IIPS and ORC Macro, 2000; Ministry of Health, Nepal et al., 2002; NIPORT and Mitra and Associate, 2001). Additionally, evidence from India suggest that more than one-half (56%) of married girls were anaemic and prevalence of anaemia was higher among adolescent girls than among older women (IIPS and Macro International, 2000). The additional nutritional demands of early and closely spaced pregnancy may further deplete the already malnourished adolescent girl (Jejeebhoy, 2000).

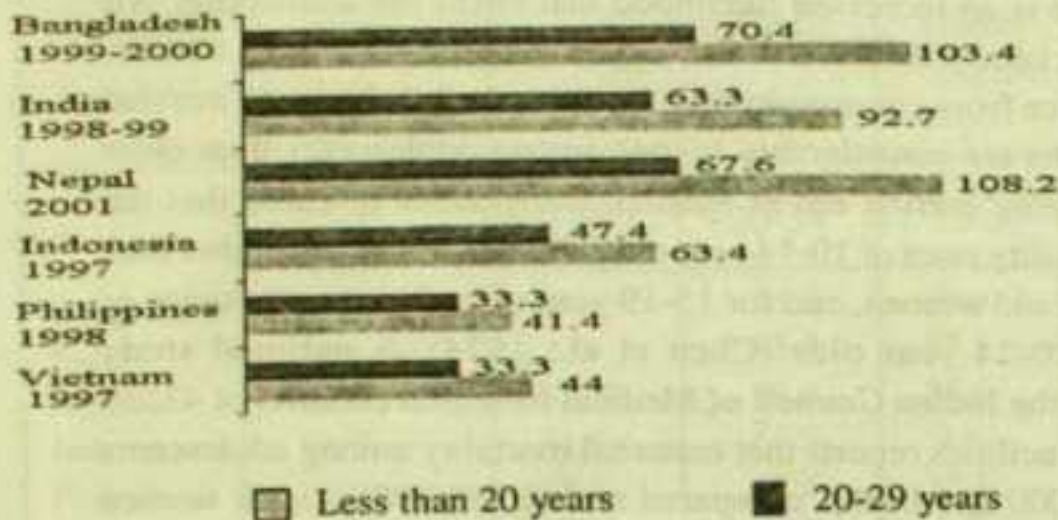


Studies worldwide report that childbearing in adolescence increases risks for the mother and the child, especially if the mother is younger and has not reached her full growth potential. There are treacherous synergies — where age at marriage is lower, women less educated and have less mobility, there is an increased likelihood that births are unattended. All these are associated with elevated risk of poor maternal outcomes (Bruce, 2001). Evidence from community and facility based studies reaffirm that maternal deaths are considerably higher among adolescents than older women. A survey carried out in Matlab, Bangladesh revealed that the maternal mortality rates of 10-14 year old girls was five times higher than for 20-24 year old women, and for 15-19 year olds, the rate was twice as high as for 20-24 year olds (Chen et al., 1974). A national study conducted by the Indian Council of Medical Research (ICMR) of 43550 women in 10 facilities reports that maternal mortality among adolescents was 645/100,000 live births, compared to 342/100,000 in adult women aged 20-34 years (Krishna, 1995). Besides maternal deaths, higher levels of pregnancy related complications—including eclampsia, pregnancy induced hypertension, intra-uterine growth retardation and premature delivery – among adolescents than among older women are reported by many facility-based studies in India (Pachauri and Jamshedji, 1983; Swain et al., 1993; Mishra and Dawn, 1986; Sharma and Sharma, 1992; Pal et al., 1997). The risk of sepsis in abortion is also reported to be higher among adolescents than among older women (Krishna, 1995).

An elevated risk of deaths among births to adolescent women is confirmed by data presented in Figure 1. Over 1 in 10 babies born to adolescent mothers die before their first birthday in Bangladesh and Nepal. Infant mortality rate is higher among children of adolescent mothers, compared to children of 20-29 year old mothers in South Asia and Southeast Asia. The risk of dying during infancy is at least 1.5 times higher among children born to adolescent mothers, compared to children born to 20-29 year old mothers in countries such as Bangladesh, India, and Nepal.



Figure 1. Infant mortality rate by women's age at birth, selected countries in South and South-East Asia



Sources: Demographic and Health Surveys

SEXUALLY TRANSMITTED DISEASES AND HIV/AIDS

Married adolescent girls may be under substantial and irremediable pressure to become pregnant, which dramatically undermines their abilities to refuse intercourse, to reduce the frequency of sex, or to insist on condom use, all of which may place them at an elevated risk of sexually transmitted infections including HIV (Bruce, 2002). The biological immaturity compounds their vulnerability to STIs. Prevalence data on reproductive tract or sexually transmitted infections among young people are rare in much of Asia. Available data, however, suggest high prevalence of RTIs or possible symptoms of RTIs. In Bangladesh, a study among adolescent girls and boys reports that 40% of adolescent girls (including both married and unmarried girls) experienced symptoms of RTIs and STIs (Singh, 2002). A community-based study of RTI prevalence among 451 married women aged 16-22 in rural Tamil Nadu, India underscores the extent to which infections go unnoticed in this outwardly "low risk" population: 49% of women suffered from one or



RTI. Clinical and laboratory examination diagnosed 18% with an STI, including chlamydia, trichomoniasis, and syphilis (Joseph et al., 2002). In a study in slum areas Bombay, 56% of 15-24 year old married women suffered from one or more RTIs. In this study, the prevalence of STIs was higher among younger women than among older women: 27% of 15-24 year olds compared to 24% of 25-29 year olds (Parikh et al., 1996). In Nepal, a study in a rural district reported that one in eight adolescent girls experienced foul smelling discharge and one in twenty complained about genital sores or ulcer (UNFPA, 1998).

With HIV/AIDS moving beyond recognised 'risk groups' into the wider population in many parts of Asia, married adolescent girls are increasingly getting infected. A review of evidence of the spread of HIV/AIDS among young people in selected Asian countries suggests that infection rates among young people are equal to or exceed those among adults. Further, in South Asia, rates among young females equal or exceed those among young males (Jejeebhoy and Bott, 2002). Recent estimates suggest that almost one percent of young women (15-24) in India are infected with HIV, compared to 0.5% of young men and 0.8% of the population at large (UNICEF, UNAIDS & WHO, 2002) – the overwhelming majority of these women are undoubtedly married. In Nepal, more than one-third of women infected with HIV were adolescent girls (Tamang and Nepal, 1998).

CONTRACEPTIVE PRACTICE AND UNMET NEED

While knowledge of contraception is almost universal among both married adolescents and adult females, adolescent girls are less likely than adults to use any contraceptive. For example, in India, contraceptive use among married adults is almost six times higher than that among married adolescents, and in Vietnam, four times higher (IIPS and ORC Macro, 2000; NCPFP et al., 1999). Regional differences in adolescent contraceptive use are pronounced. It is much lower in South Asia, except Bangladesh, compared to South East Asia.



Table 3 Contraceptive practice among adolescent and adult women, selected countries in South and South East Asia

Country	Year	Contraceptive use		Unmet contraceptive need	
		Married	All\$	15-19	20-29
Bangladesh	1999-2000	38.1	56.0	20.0	16.4
India	1998-99	8.0	45.5	27.1	19.2
Nepal	2001	12.0	38.2	35.6	31.0
Indonesia	1997	44.6	62.5	9.1	9.1
Philippines	1998	18.3	47.5	32.1	23.2
Vietnam	1997	18.1	73.3	9.7	9.1

Sources : Demographic and Health Surveys

Adolescent girls are much more likely than adult females to report an unmet need for contraception, reflecting that adolescent girls face significant barriers to contraceptive use, including familial and societal pressures to have a child, preferably a son, immediately after marriage, inadequate familiarity with and understanding of contraceptives, limited access to contraceptives, and gender power disparities that result in the inability of adolescent girls to negotiate with partners. The magnitude of unmet need among married adolescents is higher in South Asia than in Southeast Asia. The Philippines is an exception. Between one-fifth and one-third of married adolescent girls in Bangladesh, India, and Nepal reported an unmet need, compared to one-tenth in Indonesia and Vietnam (Pachauri and Santhya, 2002). Additionally, adolescents are more likely than adults to discontinue contraception within the first year of use. There was also a greater likelihood for adolescents (two-three times more) than adults to abandon contraceptive use for reasons such as side effects and health concerns, desire for more effective and convenient method, problems of access and husband's disapproval (Blanc and Way, 1998).



WHY ADOLESCENT REPRODUCTIVE HEALTH SITUATION IS POOR ?

Social, economic, and gender dynamics deeply rooted in family systems, peer relationships, and societal institutions shape risk and protective factors underlying adolescent reproductive health situation. The sections below discuss some of these underlying factors.

LACK OF AWARENESS AND LIMITED ACCESS TO INFORMATION

Wherever adolescents' knowledge of reproductive physiology and health issues has been studied, data suggest that adolescents have a minimal understanding of sexual and reproductive health matters (McCauley and Salter, 1995). Moreover, misconceptions and a sense of non-susceptibility—that they are too young to be pregnant; that sexual intercourse in standing position could prevent pregnancy; that unprotected intercourse just once could not lead to conception or STD transmission; that one could identify an infected person by their looks; or that infections could be prevented by good personal hygiene—are prevalent among adolescents (Jejeebhoy and Bott, 2002; United Nations, 2001; Widyantoro, 1996).

A high level of ignorance among adolescent girls about menstruation and other changes associated with puberty until these events occurred is reported in Bangladesh, India, and Nepal (Rob et al., 2001; Barkat et al., 2000; Jejeebhoy, 2000; UNFPA, 1998). Their knowledge about genital hygiene or safe sanitation practices during menstruation tends to be limited. Many young women in India reported that they were informed no more than its mechanics and the social practices surrounding it (Jejeebhoy 2000). Similarly, few married adolescents were aware of sexual intercourse or what was expected of them once married (Jejeebhoy, 2000). For example, a qualitative study of recently pregnant women—either pregnant for the first time or new mothers in the postpartum period, the majority of whom were adolescents—in Baroda and Kolkata reports that many women believed that the fertile period is during menstruation (Haberland et al., 2001; Santhya et al., 2001). A comparative analysis of data from 27 countries in Southeast Asia, Sub-Saharan Africa, and Latin America on married and unmarried adolescent girls' knowledge of ovulation reports that married adolescents, who presumably are having sex more regularly, generally are not more knowledgeable than their



unmarried counterparts about this subject (Mensch et al., 1998).

While awareness of contraceptives is nearly universal among both married adolescent and adult females, awareness about specific contraceptive methods, especially reversible methods that are more suitable for adolescents, is relatively limited among adolescents in all the countries discussed in this paper (Pachauri and Santhya, 2002). For example, in India, only three-fifths of married adolescents were aware of condoms, compared to nearly three-fourths of adult women (Santhya and Jejeebhoy, 2002). Married adolescent girls in Asia, particularly in South Asian countries are also less likely to be knowledgeable about the sources from which these methods can be obtained (Pachauri and Santhya, 2002). In Nepal for example, only 67% of married adolescent girls know a source for obtaining a condom, compared to 77% of 20-29 year olds (Ministry of Health (Nepal) et al., 2002).

Married adolescents compared to adults may be less knowledgeable about care during pregnancy or danger signals of pregnancy. A study among first-time pregnant and recently delivered first-time mothers (all were adolescents) in Bangladesh reports that young women were not aware of the need for medical care during pregnancy or delivery. They had little idea about what to expect during pregnancy and delivery, and only vague ideas about possible complications (Chowdhury, 2002).

Married adolescent girls' awareness about sexually transmitted diseases including HIV/AIDS, and how to protect against them is likewise limited in much of Asia (Bhuiya et al., 2002, Jejeebhoy and Bott, 2002; Haider et al., 1997). In Bangladesh for example, data from the Demographic and Health Survey (1999-2000) report that very few women, including adolescent girls know about STIs or symptoms of STIs: 92% of married adolescent girls do not know any STIs other than AIDS and only 2% know about any symptom of STIs (NIPORT and Mitra and Associates, 2001). Data presented in Table 4 reaffirms that in all the countries discussed in this paper, except Nepal, married adolescents are less knowledgeable about AIDS and ways to avoid AIDS, compared to adult females.



Table 4. Awareness about HIV/AIDS among married adolescent and adult women, selected countries in South and Southeast Asia,

Country	Year	Percent heard about AIDS		Among who have heard about AIDS percent who believe that AIDS can be avoided by :			
				Using condoms		Having only one Partner	
		15-19	20-29	15-19	20-29	15-19	20-29
Bangladesh	1999-2000	30.2	34.8	15.8	19.8	5.1	5.8
India	1998-99	29.3	42.0	14.5	23.0	32.2	41.2
Nepal	2001	52.1	53.6	72.7*	71.1*	78.3*	77.1*
Indonesia	1997	52.3	61.4	0.6	3.9	22.5	30.4
Vietnam	1997	78.6	90.5	29.4	32.4	67.8	68.6

Note : *Spontaneous and probed responses are used for calculating the percentage

Sources : Demographic and Health Surveys

Evidence from Bangladesh and Indonesia suggest that married adolescent girls may be much less knowledgeable about STI/HIV/AIDS when compared to their unmarried counterparts. For example, a large-scale comparative study in Bangladesh reports that 38% of married adolescent girls have heard of HIV/AIDS, compared to 62% of unmarried adolescent girls; 32% of married girls know about modes of HIV transmission, compared to 54% unmarried girls; 24% and 16% married girls know HIV can be prevented by adhering to single sex partner and using condom respectively, compared to 46% and 24% of unmarried girls, respectively (Barkat et al., 2000). Similarly, in Indonesia, while 31 percent of unmarried girls know about a condom, only 13 percent of married girls know; and 86 percent of unmarried girls have heard of HIV/AIDS in comparison to 59% of married girls (Bruce, 2001).



GENDER-BASED POWER IMBALANCES

In most Asian cultures, male and female gender roles typically create an imbalance in negotiating positions between partners. Such imbalances are exacerbated for younger people (Pachauri, 1998). Married adolescent girls, because of their age, their uncertain position in a new household, lack of information, and fewer and less established social networks, are particularly powerless, and voiceless in matters relating to their own lives. There is a dearth of information on the extent to which married adolescents are constrained from exercising choices in sexual and reproductive matters. Yet, available data highlight that girls have limited power to make their own marital and reproductive choices.

In many South Asian settings, families are closely involved in the selection of marital partners and in the implicit or explicit contract that marriage signifies. Arranged marriage remains the norm (Mensch et al., 1998). A recent case study exploring marriage patterns among successive cohorts of women in rural Uttar Pradesh and Tamil Nadu, India concludes that for the overwhelming majority in both settings, irrespective of age, region or religion, marriages were arranged either by parents alone or with relatives and matchmakers (Jejeebhoy and Halli, 2002). In-depth interviews with first-time pregnant women and first-time recently delivered mothers in Baroda and Kolkata, India reiterates this finding. Young women reported that they rarely had any say in marriage decisions; the more typical response was: *"Did I get the chance to say anything? Could I say anything after my parents took the decision? What could I have done? [18 year old recently delivered mother in Kolkata]"* Some young women implied moreover that they were married early against their will at the behest of their parents: *"at that time I did not want to marry as it was too soon. So I told my mother about it but she did not agree and said that I will have to get married early. So then as I liked him I said yes [17 year old in Baroda]"* There was some evidence, however, that practices may be changing: in Kolkata, eight out of 30 couples reported that they had made the decision on when and whom to marry independently (Haberland et al., 2001; Santhya et al., 2001). A study in Bangladesh echoed similar observations. Nearly all respondents,



both men and women, mentioned that they would have liked to have married later, and some women had even pursued this issue with their guardians. In most cases, however, their requests were ignored. Parents arranged the marriages, and girls did not get an opportunity to meet their prospective husband before marriage (Chowdhury, 2002). In comparison, in Southeast Asian settings (Indonesia and the Philippines), the custom of arranged marriage has broken down, but requires that parents remain protective of their daughters and young people are reluctant to marry without parental approval (Caldwell et al., 1998).

Rather than conferring social seniority and increased rights and access to resources, girls often suffer a loss of rights with marriage. Data presented in Table 5 confirm that married adolescents are 'junior' partners in household decision making, whether those relating to major purchases, or own health care in much of South Asia. A more detailed analysis of data from India showed that age plays a more powerful role in enhancing decision making authority than other socio-demographic factors, including education – an uneducated older woman is significantly more likely to have decision making authority than a secondary schooled adolescent for example (Santhya and Jejeebhoy, 2002).

Table 5: Married adolescent and adult women's participation in decision-making, selected countries in South Asia

Country	Year	Percent involved decision making concerning :					
		Own health care		Major purchases		Visiting friends/relatives	
		15-19	20-34	15-19	20-34	15-19	20-34
Bangladesh	1999-2000	43.6	55.6	49.4	61.1	48.6	61.3
India	1998-99	38.7	49.3	39.9	50.7	37.4	46.2
Nepal	2001	7.4	27.3	7.9	30.5	10.4	37.0

Sources : Demographic and Health Surveys



Young women lack decision making authority in matters relating to sex as well. In India, young women revealed that they were routinely told that it was their duty to provide sexual services to their husbands: *This man has brought you here, if not for this, why has he brought you. You have to do it* (George and Jaswal, 1995). In in-depth explorations with young women on sexual decision-making primarily in regard to pregnancy and postpartum abstinence in Baroda and Kolkata, almost half appeared to have a major say, while over one-third reported that their husbands had the final say on whether and when to have sex (Haberland et al., 2001). Similarly, in Nepal, studies report that girls do not have much control over sex or childbearing: *even if a woman does not feel like having sex, she has to do it anyhow if the man feels like it. Similarly, if the husband or the in-laws want a son, the woman has to keep giving birth until she has one. The decision depends entirely upon the family* (Waszak et al. 2002).

The role of the husband has been noted in several studies of decision-making related to the use of contraception, abortion or health expenditure (Santhya and Jejeebhoy, 2002). In many settings where early and arranged marriages prevail, such as in South Asia, parents and parents-in-law are often the prime decision-makers (Barua and Kurz, 2001; Haberland et al., 2001; Gage, 1998). In India for example, several adolescent women reported that reproductive decision-making was beyond the control of both adolescents and their husbands — even where adolescents and their husbands would have liked to delay pregnancy, the decision to practice contraception was often overruled by mothers-in-law: *"But I am against them [contraceptives] as they cause problems. I will not allow my daughter-in-law and son to use them."* (Barua and Kurz, 2001). Evidence from Bangladesh also highlight inability of young women to exercise choice, even when they have made a choice: *"I wanted a child after two or three years, but after one year when I did not conceive, my sister-in-law and neighbour started taunting me, saying that I was barren. That is why I wanted to have a baby"* (Chowdhury, 2002).



CONFINEMENT TO DOMESTIC SPHERE

With marriage, many adolescent girls are virtually entrapped in the domestic sphere, particularly in South Asia. Limited mobility and isolation from familiar networks further limit the ability of married adolescent to use reproductive health services when they need them and, when they use such services, they may find it hard to make choices that are appropriate for their situation. In India for example, evidence suggests that adolescents are systematically less likely than older women to have the freedom to visit different places without permission (Santhya and Jejeebhoy, 2002). In in-depth interviews, married adolescents in Baroda and Kolkata reported that social networks had shrunk following marriage, and interactions were restricted to the family itself. Exposure to new ideas that comes from interaction with others was thus far more likely to be restricted among these young women than among their husbands who were not so restricted, their unmarried peers and of course, older women. Even those young women who reported some contact with women in their neighbourhood indicated that the interaction was typically limited in content: *"Just about the village and if there is anything that has happened in someone's house.... What else will we talk? [18 year old in Baroda]"* (Haberland et al., 2001; Santhya et al., 2001).

LIMITED COMMUNICATION

Several studies in developing countries show that verbal communication between partners about reproductive health is low and that gender power imbalances contribute to a lack of communication (Blanc, 2001). Spousal communication has been shown to have a positive association with greater contraceptive use ((Beckman 1983, Oni and McCarthy 1991, Oheneba-Sakyi 1992, Salway 1994, Lasee and Becker 1997, Omondi-Odhiambo 1997) and treatment seeking for reproductive illnesses (Santhya and Dasvarma, 2002), though this association involves problems of causality when cross-sectional data are used, as they often are. Data from Demographic and Health Survey show that inter-spousal discussion on family planning is limited among married adolescents in South Asia and that married adolescents are less likely than adult females



to discuss family planning with their spouses (Table 6). Further, evidence from India, suggest that among those couples who discuss family planning, the discussion often takes place only after one or more births (Khan and Patel, 1997). Extrapolating from this difference between adolescents and adults, it is likely that spousal communication on other sexual and reproductive health matters may be equally limited among married adolescents. Moreover, evidence from Indonesia suggest that discussion about sexual issues among married girls is likely to be much less, compared to their unmarried counterparts. A comparative study report that only 10% of married girls discussed sexual issues with someone, compared to 50% of unmarried girls (Bruce, 2001).

Table 6: Spousal communication on family planning among married adolescent and adult women, selected countries in South and Southeast Asia

Country	Discussed family planning with husband in the past year (In %)	
	15-19	20-34
Bangladesh	51.5	53.6
India	15.9	21.8
Nepal	36.1	51.9
Indonesia	67.2	72.3
Philippine	74.0	86.0
Vietnam	62.0	82.7

Sources : Demographic and Health Surveys



LIMITED ACCESS TO HEALTH CARE

Isolated from sources of information and supportive networks and lacking control over their own lives, married girls are likely to have limited access to health care. Moreover, services that do exist in much of Asia are often unresponsive to the broader needs of adolescents – married or not, and adolescents often do not feel comfortable visiting clinics designed for adults.

Table 7: Maternal health care practices among adolescent and adult females, selected countries in South and South East Asia

Country	% receiving at least one antenatal check up		% institutional delivery		% attended by trained health personnel	
	15-19	20-34	15-19	20-34	15-19	20-34
Bangladesh	39.9	37.2	6.7	8.9	–	13.2
India	67.7	65.8	31.8	35.0	41.6	43.4
Nepal	59.3	50.2	12.1	8.9	17.9	12.4
Indonesia	92.6	93.4	13.1	22.8	31.8	46.4
Philippines	90.1	92.5	29.0	35.6	51.1	58.7
Vietnam	65.6	74.1	49.9	63.6	75.8	77.3

Note : Births during 5 year preceeding the survey were taken into account in Bangladesh, Nepal, Indonesia, and Philippines; and births in 3 years preceeding the survey in India and Vietnam.

Sources : Demographic and Health Surveys



Data summarised in Table 7 show that despite the elevated risks they may face, adolescent women are about as likely as older women to obtain care during pregnancy in both South Asian and Southeast Asian countries. However, regional differences are marked. Pregnancy related care is far from universal in much of South Asia – only 40% married adolescents received at least one antenatal check-up in Bangladesh and 68% in India. In contrast, antenatal check-up is nearly universal in Southeast Asian countries, except Vietnam. Intra-partum care is inadequate for all women, including adolescents in both regions, especially in South Asia. No more than one in two adolescent and adult women were attended by a trained health personnel during their deliveries in four of the six countries discussed in this paper. Very few women including adolescents receive postpartum care in all the countries where data are available. In India for example, only 18% of adolescents received a postpartum check-up within two months of delivery (IIPS and ORC Macro, 2000), and 23% of adolescent girls in Nepal (Ministry of Health [Nepal] et al., 2002). Evidence from the Philippines suggest that adolescent mothers (53.6%) are slightly less likely to receive any postnatal check-up, compared to adult women (59.3%) (National Statistics Office et al., 1999).

The evidence from South Asia suggests that relatively small proportions of adolescent women experiencing symptoms of morbidity or infection actually sought care for the condition. In Bangladesh for example, a comparative study of married and unmarried adolescent girls shows that slightly less than three-fifths of married adolescent girls did not seek any treatment for possible symptoms of RTIs (even though they were more likely to seek care compared to their unmarried counterparts). When they seek care, adolescents seek often services of unqualified practitioners. While married girls report reasons such as lack of money, lack of husband's cooperation, and lack of knowledge about treatment, unmarried girls report shame for not seeking treatment (Barkat et al., 2000). Yet, another study in Bangladesh reports that generally girls do not seek treatment for reproductive health problems. However, if they felt that symptoms were becoming severe, they would consult a female family member. If the family members perceived the problem as a serious one, only then she would be taken to a doctor or a hospital or a traditional healer (Nahar et al., 1999). Similar findings are reported in a



number of studies in India as well. For example, the study of gynaecological morbidity among married adolescents in rural Tamil Nadu suggests that two-thirds of women with symptoms did not seek care, and among those who did, over three in four sought treatment from unqualified sources, such as home treatment or untrained private practitioners (Joseph *et al.*, 2002). Similarly, in rural Maharashtra, while half (51%) of married adolescents reported a gynaecological problem, only half of these sought appropriate treatment. Findings confirm, moreover, that care is unlikely to be sought unless feelings of embarrassment and shame in discussing sexual matters were overcome; indeed, to the extent that mothers-in-law perceived a gynaecological condition to be a threat to ability to conceive, they were likely to encourage their daughters-in-law to seek appropriate care (Barua and Kurz, 2001). At the national level, NFHS data suggest that while somewhat fewer adolescents than adults reported symptoms of abnormal vaginal discharge (26% and 32% among those aged 15-19 and 20-34 respectively), adolescents are considerably less likely to seek care for this condition: 26% compared to 37% (Santhya and Jejeebhoy, 2002).

Although significant proportions of adolescent women express a desire to delay the first and postpone subsequent pregnancies, and large proportions expressed an unmet need for contraception, access to appropriate contraception is frequently thwarted by family pressures. In the qualitative study on first-time pregnant and recent first-time mothers, cited earlier, young women reported situations where in-laws forced young couples to discontinue contraception: *"My father-in-law went to my room to see his son and he noticed the pills. He asked my husband 'Who is taking these pills?' My husband said your daughter-in-law. Then my father-in-law said, 'Does she want to die? Why is she taking all these? Just throw them out otherwise she will never conceive. Her health will be affected, and she will bloat up'. Then my mother-in-law came and told me 'why are you taking these? If you take these there will be deposition of fat on your abdomen and you will not be able to conceive [16 year old recently delivered mother in Kolkata]"* (Santhya *et al.*, 2001).

In addition to family pressures, contraception can also be thwarted by lack of attention from health workers and other providers who tend to



overlook this group until they are further advanced in their reproductive careers. There is cross-regional evidence that when young, married females seek fertility regulation services in conservative, high fertility societies, they encounter substantial, often explicit, provider resistance (Huntington et al., 1990; Ibrahim, 1995; Rajaretnam and Deshpande, 1994). Data from India show that even after giving birth, adolescent mothers were far less likely than older mothers to receive family planning advice in the course of post partum check-ups: 19% of adolescent mothers compared to 30% of adult mothers received advice about family planning, despite the fact that these young women are particularly likely to need counselling on birth spacing and contraception (IIPS and ORC Macro, 2000). Surveys in Bangladesh, Vietnam and Nepal report that health workers are less likely to visit adolescent girls than older women (Pachauri and Santhya, 2002).

CONCLUSIONS

Clearly, the married adolescent girls in much of Asia constitute an important, but vulnerable population sub-group with huge unmet needs. Many girls, particularly in South Asia get married before 18 years of age and begin childbearing early. Moreover, they face their first birth triply disadvantaged by their age, gender, and subservient position as young wives in new families. Despite the heightened risk associated with childbearing in adolescence, the adolescent girls receive inadequate care during pregnancy and during and after childbirth. Knowledge of contraception is almost universal among married adolescent girls, but they have a significant unmet need for reversible methods of contraception. The prevalence of nutritional and infectious morbidity is high, yet they face enormous barriers in accessing appropriate health services. Despite the predominance of married adolescent girls and their heightened vulnerability, popular adolescent programmes in many countries do not address their distinctive needs or engage them. Adolescents need information, skills, and services to protect themselves from unwanted sex, sexually transmitted infections, unplanned pregnancy, unsafe abortion, unsafe childbearing, and malnutrition. The challenge is how to address the multiple needs of married adolescent girls holistically and sensitively.



It is necessary to strengthen and specifically tailor reproductive health services to the needs of married adolescent girls because on the one hand, they are more vulnerable, and on the other, they are unable to access services because of their limited mobility, lack of resources, and low social status. Service providers need to be sensitised about unique vulnerability of married girls and should be trained to offer services in ways that recognise the girls' inability to exercise choices.

While health interventions need to be a central component of adolescent programs, it is equally important that adolescent programs institute measures other than health interventions to meet the multiples needs of adolescents. Social and economic investments to improve their life skills – skills in negotiation, conflict resolution, critical thinking, decision-making and communication — are needed. Recognizing that married adolescent girls' lives are often controlled by others, adolescent programs must strive simultaneously to strengthen girls as individuals and change the perspectives and behaviours of those who wield power over girls, such as husbands and parents-in-laws.

Although the availability of data on adolescents has increased in recent years, serious knowledge gaps remain. Research efforts need to be accelerated to deepen our understanding of adolescent girls' experience.

The challenges ahead are daunting. However, there is a favourable policy environment for bringing about change through programmes designed to specifically address adolescents' needs.

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THE INDIAN GIRL CHILD : A SITUATION ANALYSIS

Gouri Srivastava

The concern for girls' education has received a lot of importance from policy planners and educationalist, particularly after independence. The Constitution provision of providing compulsory education to all children until they complete the age of 14 years is applicable to both boys and girls. Further the National Policy of Education (NPE) of 1986,⁽¹⁾ updated in 1992 proposes a dual track approach designed to promote adult literacy and primary education, with a focus on girls and other disadvantaged groups; It postulates integration of gender perspective in all aspects of planning. Further, it, emphasises on promoting education for women's equality and empowerment. It enjoins that the education system would play a positive interventionist role in the empowerment of women. Also, the removal of women's illiteracy and obstacles inhibiting their access to and retention in education, are given an overriding priority.

It is significant to note that girls enrolment in schools has increased steadily over the time as may be seen from Table I.⁽²⁾

Year	Primary I-V(%)	Middle VI-VIII(%)	Sec./Hr.Sec/ 10+2/Inte(%)	Hr. Education (Degree & above level)(%)
1990-91	41.5	36.7	32.9	33.3
1991-92	41.9	38.2	33.8	32.3
1992-93	42.6	38.8	33.9	33.2
1993-94	42.7	39.1	34.3	33.5
1994-95	42.8	38.9	34.4	34.0
1995-96	43.2	39.0	35.3	37.2
1996-97	43.4	39.8	36.2	38.2
1997-98	43.6	40.1	37.1	34.8
1998-99	43.5	40.5	37.8	38.84
1999-2000	43.6	40.4	38.9	39.86

Source : Selected Educational Statistics, 1999-2000



Despite, the, increase in enrolment we find that the drop-out rate of girls still continues to be a major problem. Infact, dropout rates among girls are embedded in the socio-cultural and economic fabrics of India. Regarding girls at the primary level the dropout rates have declined from 70.9% to 46.67% in 1992-93. At the upper primary level it is 85.0 in 1960-61 which has again declined to 65.21%. Though the figure shows a declining trend yet the phenomena of dropout continues to exist in contemporary India.⁽¹⁾

Given below is a detailed analysis of factors that are responsible for dis-continuance of girls' education : -

SOCIO-CULTURAL FACTORS

In patriarchal communities of India the status of the girl child is not only low but also inferior. This is because in such families, the lineage is traced through a male & in all rituals, particularly ancestor worship, the eldest patriarch (or male) dominate. Also, sons are considered essential because they light the funeral pyres of their parents⁽⁴⁾. There is also strong son preference because in old age sons provide economic security to the parents. This contrast sharply with the view they have for their daughters. From her very birth parents consider her as a drain of wealth on the families precious savings with no hope of any return, and when she gets married her father has to collect a sizable dowry, which symbolically marks the transfer of the burden from one family to another⁽⁵⁾. So deeply entrenched is this view of the girls as a liability and the son as a valuable resources, that even when the girls steps over the barrier of their upbringing to become wage earners who support their parents, this is seen as an aberration, a grudgingly accepted reversal of the ideal that even the neediest parents find. Parents discriminate against their daughter since infancy. She is likely to be breast fed less often and for



shorter periods than her brother. The desire for a son after a daughter's birth may prompt a mother to discontinue breast-feeding so that she may ovulate and conceive quickly. And once the second child is born, the older girl child gets even less of her mother's attention. A number of studies indicate that in children under the age of five, girls suffer from malnutrition more often than boys. Not only are more girls suffering from malnutrition the degree of their malnutrition is also greater. Poverty only enhances these differences; the root cause is not so much the lack of food as the lack of value attached to the girls. Although, there is, a great variation in feeding practices across the country, it is generally true that boys eat better than girls even in the privileged families. Eating much less food than their growing bodies need, under-nourished girls fall into a cycle of malnutrition that may last throughout their mortal lives. Under weight girls with an inadequate developed pelvis become an adolescent bride and mother, usually of a number of low birth weight babies. In fact, when a young mother dies in childbirth, the cycle of nutritional depletion is complete.

EDUCATION

Regarding education, there is a general notion, among parents that girls need no education because household chores, childcare and so on need no formal guidance. They can be learnt through practice and inheritance. For boys formal education is essential because they are to be the future bread earners of the family. Thus, formal education of girls particularly in patriarchal families was nearly absent. This phenomena was true even in the 19th century and the early part of 20th century. The surveys carried by the British Officials in the Presidency of Bengal and Bombay clearly point out that the existing formal institutions of learning both primary and higher were accessible only to the boys and not girls.⁽⁶⁾

CUSTOMS AND TRADITIONS

Further, existing customs like child marriage and purdah effect girls' education. The former i.e. child marriage is largely prevalent even to this day in states of Rajasthan, Madhya Pradesh, Uttar Pradesh and Bihar. In these States the girls are normally married at a very early age or before



attaining puberty. Interestingly in Madhya Pradesh girls are married as soon as they become big enough to fit in a *thali* (plate with curved edged-use for eating food). In one of the latest Reports of the International Planned Parenthood Federation there is a mention that 18% girls in Asia are married by the age of 15 and in India 75% are married before the age of 18.⁽⁷⁾ It is a sad reality that though the government has passed an Act i.e., "The Child Marriage Restraint Act of 1978" which has raised the age of marriage of girls from 15 to 18 years pre-puberty marriages are prevalent even to this day. Existing customs like Akha-Teej in Rajasthan gives legitimacy to child marriage in this State.⁽⁸⁾

Similarly, the prevalence of purdah (veil used to cover the face of girls/women) which is mainly observed among the Muslim community and also to a limited extend among the Hindus are responsible for the discontinuance of girls education at the primary and the middle stages. This is because purdah promotes seclusion and segregation of girls from education. The District Primary Education Programme (DPEP) – Gender Studies⁽⁹⁾ in the state of Madhya Pradesh clearly point that one of the reasons for the girls dropping out from schools is because of the above mentioned customs.

ECONOMIC REASONS

Most of the families in rural India and even in urban areas live below the poverty line. In such families parent find it extremely difficult to meet the basic necessities and requirement of life (i.e. food, clothing and shelter). In such families if a choice is given to the parents regarding educating their sons or daughter the preference is for the latter. This is because educating a son is seen as an investment and for their daughter an economic burden because, it is commonly believed that "bringing up a daughter is like watering a plant in another's courtyard".



COMMON NOTIONAL BELIEFS

Also, there is a common notion among parents that an educated son will not only enhance the status of the family but will have a better prospect in the job market and also in matrimony. A fat dowry (money and valuable items given by the girls parents at the time of negotiation of marriage and sometime during the marriage ceremony) can easily be got. This would not only enhance the social status of the family but would bring in a sudden windfall in the already existing economic resources of the family. These are certain beliefs prevalent in patriarchal families. Educating girls is seen as a burden because there is less demand of educated girls in the matrimonial markets unlike the boys. Parents fear that if they educate their daughter the age of marriage would rise and would further make it difficult for them to find a suitable match. Moreover it would increase the dowry demands in the long run. At times communities also acts like a pressure group and compels parents to marry of their daughters early. In Rajasthan this is commonly observed in families belonging to Gujjar, Rajputs and the Bhil community. Thus, for parents, marriage and dowry are the most important consideration for their daughter rather than promoting her education.

Apart, from the above mentioned briefs and notion, the contribution of the girl child in rural and urban areas towards their families resources are immense. From morning till late evening her entire waking hours is spent in domestic chores, care of siblings, engaged in remunerative employment and so on. This is more true for poor families.⁽¹⁰⁾ In families having agriculture as the chief source of livelihood studies have shown that the entire family along with all the womenfolk and the girls are involved in agrarian operations like sowing, weeding and harvesting. This leaves very little time for girls to attend to school. If by chance the girl



child attends school they very soon dis-continue their education at the initial or at the primary level.

SCHOOL RELATED FACTORS

In case the school is located near the habitation or is co-educational parents show their reluctance. This is mainly true for Muslim communities and also orthodox Hindus who prefer separate school for girls. Similarly, the absence of women teachers in rural areas discourages parents from sending their daughters to school. One of the reason being that they do not find it safe for their daughters. Also, there is a common feeling that only women teachers can best understand girls and problems related to them in a better way. The proportion of female teachers have been increasing gradually i.e. in 1986-1987, 40.2% of the primary school teachers were women as compared to 15% in 1950-51, the corresponding proportion for the upper primary stage was 30.92% and 15% respectively, however the concentration of women teachers in urban areas and inter-state disparities continues to be sharp.⁽¹¹⁾

It is significant to note that the number of teachers in Primary Schools has increased more than three times while the number of female teachers has increased by more than seven times from 89,164 in 1951 to 6,42,671 during 1997. In case of Upper Primary Schools, the number of total teachers has increased from 90,532 to 12,11,803 i.e. by more than thirteen times. This increase in the case of female teachers is more than thirty one times. Annual average growth rate in case of primary school teachers has been 2.57 percent during 1951-1997 while this rate in case of upper primary school teachers has been 5.67 percent annually. The percentage of trained teachers in primary schools has increased from 61 percent in 1951 to 87 percent in 1997-98 while in upper primary schools it has increased from 53 percent to 88 percent during the same period. The share of female teachers has also considerably increased from 17.19



percent in 1951 to 34.34 percent in 1997-98 and in case of upper primary schools; it has increased from 15.76 percent in 1951 to 36.08 percent in 1997.

Number of Teachers in						
Year	Primary Schools			Upper Primary Schools		
	Total	% of Trained Teachers	% of Female Teachers	Total	% of Trained Teachers	% of Female Teachers
1990-91	1616020	85.25	29.24	1072911	88.02	33.24
1991-92	1643701	85.31	29.92	1079034	88.24	33.82
1992-93	1651416	83.51	31.14	1085301	87.32	34.63
1996-97	1789733	88.00	32.68	1195845	88.00	35.77
1997-98	1871542	87.00	34.34	1211803	88.00	36.08

Source : Education for All, p-54.

Despite, the increase in number of females teachers, many schools in rural areas continue to be devoid of women teachers. In a study conducted by the Department of Women's Studies entitled, " Identification of Problem of Recruitment and Posting of Women teachers in Rural Areas" in 1995-96 and "A study of the Impact of Incentive schemes on the enrollment and Retention of Girls' from SC and ST communities in Rajgarh and Dhar districts of Madhya Pradesh" in 2000-2001 it was clearly found that, one of the reasons for dis-continuance of girls in education was due to the absence of women teachers. One of the explanations provided by respondents of both the



study was that most of the villages of the study regions lacked high school facilities. Therefore, girls were unable to acquire the basic qualification for primary and upper primary school teachers.⁽¹²⁾

The other school related factors that are responsible for dropping of girls at primary and upper primary level in the absence of basic facilities in schools like toilets for girls, medical room, playground, proper sitting arrangements and ventilation. This affects the overall access, enrolment and retention of girls in schools.

Further in rural areas it has been commonly observed that during harvesting seasons girls dropout from schools because the school timings are not suitable to them. Also sometimes the discriminatory attitude of the teachers in the teaching and learning process discourages girls from attending schools.

Thus, the above mentioned reasons explain the phenomena of low enrolment rate of girls in schools as compared to boys. The Gender studies District Primary Education Programme (DPEP) in 1993-94 conducted by the Department of Women's Studies also support the above findings.

In fact, DPEP is a major initiative aimed at achieving the Constitutional goal of Universalization of Primary Education (UPE). The major strength of the Programme are its sensitivity to local conditions rather than a rigid framework. The approach is tailored to meet local situations and needs. Planning and management are decentralized and the emphasis is on involving local communities.

The goals of the programme include a specific focus on reduction of gender disparities in education, as reflected in low enrolment, retention and achievement of girls particularly those from socially and economically disadvantaged groups.⁽¹³⁾



Interventions for girls education initiated under the programme include :

- Alternative schooling.
- Feasible school timings to accommodate girls needs.
- Residential schools.
- Gender-sensitive curricula and textbooks.
- Recruitment of women teachers.
- Improved school building with toilets for girls.
- Educational incentives
- Gender sensitization for teachers and project managers.

Apart from the specific strategies designed to enhance girls access, enrolment and retention in the school system, the programme recognizes the crucial importance of enabling local communities, particularly women, to play an active role in ever aspect of the programme. They include the following –

- Formation of village-level women's collectives and training of local women activities to catalyse and collective actions around educational issues (VEC's).
- Empowerment of local bodies such as Village Education Committees, Mother-Teacher Association and women's group, to enable them to take the responsibility for promoting education in their areas.
- Intensive capacity building for community and women groups to focus on issues of education for girls.
- Involvement of community and women's organization in



monitoring enrolment, retention, levels of achievement and classroom transactions, with emphasis on girls. Another significant Government of India endeavor to achieve UEE by 2010 is the Sarva Shiksha Abhiyan which aims to achieve equality and quality education. Further, the Abhiyan also bridging gender and social disparities in education at the elementary levels.

It is hoped that by the end of millennium Government efforts along with those of the NGO's and active community support would bring the girl child at the centrestage of education

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(1) Education will be used as an agent of basic change in the status of women. In order to neutralise the accumulated distortions of the past, there will be well-conceived edge in favour of women. The national education system will play a positive, interventionist role in the empowerment of women. It will foster the development of new values through redesigned curricula, textbooks, the training and orientation of teachers, decision makers and administrators, and the active involvement of educational institutions. This will be an act of faith and social engineering. The women's studies will be promoted as a part of various courses and educational institutions encouraged to take up active programmes to further women's development.

The removal of women's illiteracy and obstacles inhibiting their access to, and retention in, elementary education will receive overriding priority, through provision of special support services, setting of time targets, and effective monitoring. Major emphasis will be laid on women's participation in vocational, technical and professionals education at



different levels. The policy of non-discrimination will be pursued vigorously to eliminate sex stereotyping in vocational and professional courses and to promote women's participation in non-traditional occupations, as well as in existing and emergent technologies.

National Policy on Education – 1986 (with modifications undertaken in 1992), Ministry of Human Resource Development – Department of Education, New Delhi, p10.

- (2) **Fourth World Conference on Women, Beijing 1995, Country Report**, Government of India, Department of Women And Child Development, Ministry of Human Resource Development, New Delhi, 1995, p.-17. Selected Educational Statistics, 1999-2000 Government of India, **MHRD**, p. XXXIV New Delhi, 2001.
- (3) Ibid.
- (4) An index of son preference for India worked out by Bhatia (1978) found that this phenomena is much stronger in North India, especially in the states of Punjab and Haryana in comparison to South India. A comparative index of son preference shows variation, 31.3 in Rajasthan compared to 11.5 in Tamil Nadu and 20.2 for India as a whole. Quoted in "Traditional Practices Affecting the Health of Women and Children in Asia and the Pacific" paper presented at the Second United Nations Regional Seminar on "Traditional Practices Affecting The Health of Women and Girls", Nayar, Usha, New Delhi, 1994, p.7

In Atharveda and Samveda (later Vedic hymn's) we get special prayer for male children. The husband prays along with his wife: "Unto thy womb let a foetus come, a male one, as an arrow to a quiver, let a hero be born unto thee here. give birth to a male, a son, after.....let a male be born, mayst thou be mother of sons, of those born and whom thou shall beas." For details see Nayar, Usha, op.cit, p 9.



- (5) **The Lesser Child : The Girl in India**, Deptt. of Women and Child Development, MHRD, Government of India, New Delhi.
- (6) The enquiry conducted by Mount Stuart Elphinstone, the Governor of Bombay in early 19th Century clearly depicts that there was no female scholar attending common school of the province. This was true of Bengal Presidency also where a similar kind of enquiry was conducted by William Adam. His results also portrayed lesser or minimum participation of girls in formal education. For details see Nurulla, S., and Naik, J.P., **A Students History of Education in India 1800-1916**, Calcutta, 1962, pp 6 – 26..
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IMPORTANCE OF SCIENCE EDUCATION FOR THE GIRL CHILD

Sarmistha Chakrabarti

In India, female literacy rate has jumped from 39% in 1991 to 54% in 2001; it's still 16% short from male literacy.

UNDP says India has the 7th largest number of scientists and engineers though adult illiteracy as per 1999 was nearly 44%.

Every year about 220,000 students complete their education in science subjects (P.D. Pandey, current science 2002).

According to the UN convention, eighteen is the age up to which an individual is considered a child, unless country-specific laws dictate otherwise. Saying that education is important for the child is redundant, as this would be stating something very obvious. Why education is important for the girl child is the subject of discussion in the current context. No one can deny how important it is to educate a girl right from a very tender age. According to a quotation from Mahatma Gandhi: "Educate a boy: you educate an individual. Educate a girl: you educate a household."

As today's girls are tomorrow's women and will bear the responsibility for a new generation, education plays a vital role in shaping their future. In a country where gender disparities are very obvious in practically all spheres of life, talking about the importance of science education for the girl child may not seem so apparent; in fact its priority may well be questioned. This paper deals with, among other things, what science



teaches in everyday life, its practical application, basic concepts and how a girl child in particular benefits out of this teaching.

Science is the key to salvation for the poor nations of this world¹. It acted as a liberating force in ancient India² upon which the very basics of modern science rests today²⁻⁴. The development of science in India has been quite outstanding on the whole. In order to maintain these high standards, measures to cultivate the spirit of innovation in children should be taken very seriously, considering the fact that children are the future of the world and the seeds of innovation have to be sown early in life⁵. Science teaching for children must aim beyond course-work. Learning should be fun for which the internet could be used as a powerful tool. Organizing seminars and meetings for children could also help.

The indispensable role of science and mathematics in the education of a child cannot be denied; a science education should play a vital role in any child's life. Looking at Figure 1 depicting an all-round development of the child, it is apparent how much of the pie is taken up by science and mathematics, further stressing their importance. We are all aware that science and mathematics formed a male bastion till quite recently, the global tendency of girls and women to be under-represented in technical and science education has been referred to as an "iron law". The only exception in developing countries seems to be medical science. However, considering the late entry of women into this male-dominated area of education, their performance has been picking up quite rapidly. And this education should start in primary school when scientific principles and concepts need to be emphasized. It must be ensured that these are understood and applied to life situations by the primary school child

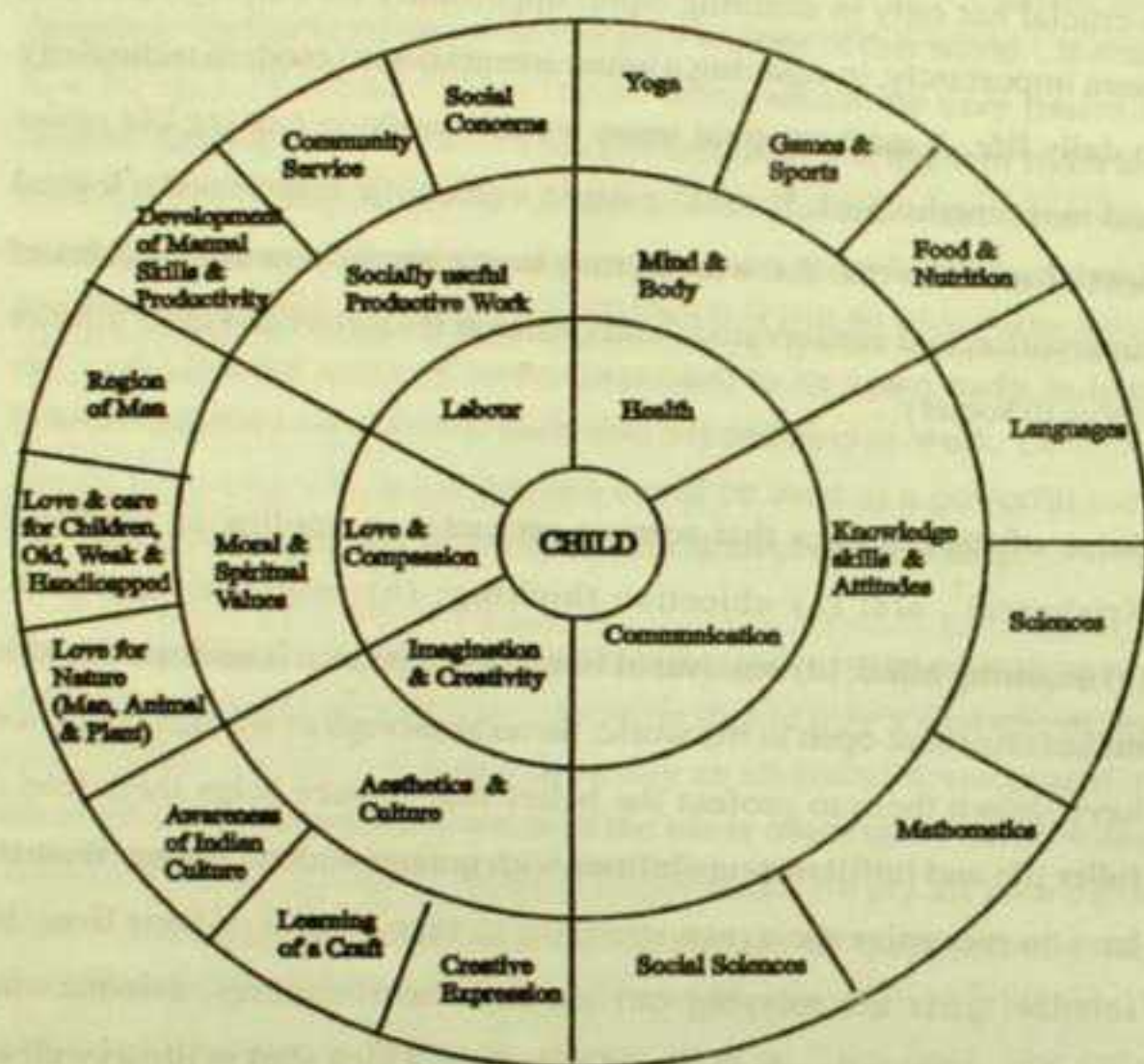


(especially a girl child) and no element of mystification is attached to everyday scientific information. Familiarity with science and mathematics is crucial not only in ensuring equal opportunity for employment, but, more importantly, in ensuring a better integration of modern technology in daily life. A mathematical sense would enable in making life easier and more methodical. It could nurture a scientific temper and a logical bent of mind so that the women may break away from the shackles of superstition and conservatism and question traditions and their inferior status in society⁶.

Some of the qualities that science promotes, according to Maithreyi Krishnaraj⁷, are: (a) objective thinking; (b) empirical approach; (c) inquiring mind; (d) removal of blind faith. Science is useful because it makes one more open to the world. Several surveys of women in science have shown them to profess the belief that science helps them lead a fuller life and fulfill responsibilities with greater understanding. Women have to recognize their own strengths to take control of their lives. In science, girls are missing out on basic mathematics, science and technological skills which would give them a kick start in life as well as access to a career valued by society. Science opens up more options to employment, bringing about women's equality and empowerment. An education translates to employability and girl students should be made to realize that science opens up so many more channels to acquire jobs for a decent livelihood.



FIGURE 1
AN ALL-ROUND DEVELOPMENT OF THE CHILD (8)



Imparting a science education early in life teaches a child about:

- Physiology: functions of limbs, anatomy of the human body
- Nutrition: Food requirements
- Microbiology: infections from germs, parasites and viruses
- Health & Hygiene: personal cleanliness and medical needs
- Biology: Functions of the body, sex education
- Mathematics: Logical & analytical thinking



Educating girl children about their own physiology and anatomy should be a priority item on the health agenda. Once the concept of menstruation being Nature's way of assuring the continuity of the species is explained, the relationship between menstruation and pregnancy follows. The scientific explanation of how the sex of the infant is determined by the contribution of the father's genes needs to be linked up here. Although this is a concept not likely to be comprehended in the beginning, its repeated telling becomes important. Even though it is a well-known scientific fact, it would not harm if one goes over the origins of gender: If a girl child is born, biologically speaking, it is the man who is responsible for determining the sex of the child and not the woman. It is the sperm that carries the sex chromosome. Widespread ignorance of this fact has perpetuated a tragic situation where women are often helpless victims, having to face society's condemnation and even the risks of death from abortion, legal or otherwise. Tracing the origin of the newborn's sex to the father will serve for sex education as well as for a scientific understanding of how the sex of the unborn child is determined.

In the process, the unique and indispensable function of the female in reproduction and nurturance of the next generation—and therefore of the continuity of the human species itself should be made clear. Instead of being told only about the unwisdom of having too many children and other such clichés of family planning propaganda, the girl child should be given all the information she needs for choice in and control over her own life.

All the above provides girls with information about their biology to counteract myths of their inferiority. This kind of knowledge helps to break conventional notions and superstitions, which normally hold back girls and women. Learning science is also about breaking superstitions, preconceived ideas and conservatism. Science makes one analyze and in the process of doing so, develop a rational mind. This sort of training is important from a very young age. This is an issue of women's equality and empowerment.



Now comes a very important question: should we teach the current embodiment of formal mathematics to the girl child? In other words, is it absolutely necessary to teach her Algebra or the theorems of Geometry? The answer to these questions is that they do not fall within the purview of "mathematics for the girl child". Rather, they come within the purview of "mathematics for every child". To discriminate here between boys and girls would be preposterous!

In teaching mathematics to the girl child, especially in the informal context, her special needs require consideration. So what concepts are we to impart specially to the girl child? The answer to this concept may be "any concept"—any concept to teach the girl, to question her subordinate role in society and to assert her independent personality. These concepts must teach girls to think logically and with self-confidence, so that she can take charge of her own destiny. Mathematics equips her to conduct herself intelligently in the transaction of her financial affairs. Mathematics can be the ultimate tool for changing the female self image. At the same time, the goal in education should give priority in inducting girls into formal mathematics courses, so that they can have the opportunity to enter the overt realms of power. A mathematical sense will help to make life easier and more methodical. It can nurture a scientific temper and a logical bent of mind.

Education for the girl child should support basic education in science and technology, giving an overall knowledge of physics and chemistry, enabling an easy access to computers which helps to remove inhibitions and ensure that girl students are provided equal access to the internet and other communication technologies, using the internet as a tool for education and training.

Eighteen is the age at which a child completes school and enters college when he/she must choose a subject/s to pursue. Children are like seeds; they need water and sunshine to grow and for their creativity to develop



and flourish. In order to realize their full potential, schools as well as parents must give them input while the interest and strengths of the child must be explored. And here comes the necessity to stress on the importance of science learning and how it might help the girl child in her life, hoping it might make a difference for the better. A foundation in science provides greater opportunities for her to face the world. An education in science helps to break superstitions and conventional ideas, strengthens analytical and logical thinking (here mathematics plays a very important role), teaches physiology by explaining functions of the body, and highlights the usefulness of health and hygiene amongst other things. At every stage of a child's life, these are important aspects to learn realize and implement. Science, besides teaching basic concepts, imparts a practical education.

While on this subject, it may be interesting to note the attempts made by certain third world and developing countries to integrate science in the education of girls:

Sierra Leone: The basic science program has adapted the curriculum to use examples from indigenous technology, like food processing, charcoal production, soap making and natural fertilization, all familiar to the girl students. The program was started in 1981 and its success is partly attributed to the relevance of the curriculum.

Ghana: Science clinics were started for secondary school girls where the students met and interacted with professional women in science and engineering. This helped girls gain confidence about entering the same fields.



Botswana: The concept of all girls grouping for laboratory work is being tried in order to encourage girls to get more familiar with the scientific equipment.

Colombia: Their organization Escuela Nueva has introduced learning activities, which are relevant to rural lives of children. This helps to demonstrate the application of academic skills to daily existence and makes learning more relevant to girls. (Strategies to promote girls' education, 1992).

Nepal: The Cheli-Beti program targets girls in areas of low female literacy in the remote mountains. These children carry household and agricultural responsibilities as a result of which their enrolment in school falls below 7 percent. The curriculum includes personal hygiene, family planning, nutrition, agriculture, use of water resources and the importance of education. The program trains and recruits locally trained female teachers and maintain flexible scheduling.

We have embarked on a new era in regard to the question of women in science. For the first time in history, institutions that for centuries have held women and minorities at arm's length, are now courting them. There is genuine enthusiasm in this regard all over the world. As the former editor of "Science" put it: "It may cost some money, some effort and some understanding, but the voyage to full equality can be even more exciting and worthwhile than the voyage into space."⁹ Imparting a science education early in life would enable women to reach for that equality.



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'EDUCATION OF DAUGHTERS'¹: VEIL, AND THE MUSLIM GIRL.

Uttara Chakraborty

'I'm the woman who has awoken
I've found my path and will never return
I've opened closed doors of ignorance² –

These lines by the slain Afghan feminist Meena Keswar Kamal (Meena Kamal was killed at her Quetta residence because she campaigned for the rights of Afghan girls), in a strange way contain a time less quality speaking of the women of the past and the women of the present .What Meena said is true of all women of all time , because women's movement continues even at this stage , the mission is still unfulfilled .It is more true of the movement of the Muslim girl for education and enlightenment not only in this country and Bengal in particular , but also all over the world One feels that all Muslim girls are brought together at one time and at one point crossing the boundaries of time and space. Indeed the Muslim girls' quest for learning is a process for the establishment of truth by destroying falsehood. The concept of truth and false hood lay within the folds of Islam itself. Truth is about equality of gender, about enlightened and socially participating women. Such a concept is there in Islam.Qu'ran acknowledges that men and women function as individuals and in society", says Amina Wadud Muhsin, professor at Virginia Common wealth University. She combines gendered readings of the Qu'ran with the experience of present day Muslim women to argue that Islamic injunctions must be interpreted in relation to specific circumstances³.Theoretically Islam gives to girls many important rights. Nowhere in Qu'ran and Hadith are rules prohibiting the participation of girls in public life .Ai'sha the Prophet's wife , was an erudite woman, she fought in the Battle of Camel, and was universally respected as the Mother



of all Believers. Instances of other educated women are also found in the Qu'ran. Falsehood against which Truth strives on exists in the misinterpretation of the exigencies of Qu'ran and motivated explanation about the girl's place and role in society. Fatima Mernissi the Moroccan feminist feels that patriarchy and not religion decides the fate of the girl child as she is born, and justifies it with false textual explanation. There is this "very mysterious and dangerous link between the sacred and women", says Mernissi. The sacred defines a code for the girl child, she has to act according to that, deviation is not only frowned upon but is castigated. Mernissi continues by saying "all monotheistic religions are shot through by the conflict between the divine and the feminine, but none more so than Islam, which has opted for the occultation of the feminine, at least symbolically, by trying to veil it, to hide it, to mask it"⁴. The veil or hijab occupies a central position in relation to the girl and education. Truth is the freedom of the girl and her right to learning. Falsehood is debarring this by seclusion or purdah and the hijab or the veil. Reality was and still is the veiled girl, curbed and handicapped, both externally and internally. Purdah or seclusion continues to exist. It didn't the past as it does in the present in a different, devious way.

THE MUSLIM GIRL IN THE MEDIEVAL WORLD

Elementary education was never denied to the Muslim girl as it was believed to be the tool to spread the tenets of the faith. Maqtab and the Madrasah are the two schools of traditional learning and exist from the past. In the medieval times the girl child went to the *maqtab* along with the boy and such instances are found in medieval folk tales like *Dewane Madina* and *Firuzkhan Dewan* and *Sakina*⁵. The medieval Muslim society was plural and complex. The class division between the Ashraf and the Ajlaf had reflections in the condition of woman. The ashraf class or the aristocratic class, claiming descent from Islamic lands outside India strictly imposed the strictures of the veil and seclusion on their women. The veil itself, should be remembered was not exclusive of the Muslim society. Richard Eaton thinks, it came from the ancient culture of the Sassanids and the Byzantine, it also featured in the Hindu society⁶.



Mernissi suspects that the veil was a residue of pre-Islamic Arabia⁷. The ashraf girl did go to the maqtab but the progress from the maqtab to the madrasah hardly happened as she had to go into seclusion at the age of twelve. The rural girl enjoyed some kind of liberty, some freedom of movement, mainly because of economic reasons. The girl and the woman of the rural working class had to work. The burqah or the hijab would have inhibited the free movement of girls and women working in the fields. So there was a perceptible difference between the ashraf and the rural commoner. There was a seemingly congenial atmosphere of gender-equal existence amongst the lower classes. In reality the village girl and the village woman were subjected to exploitations. The men of the rural society never missed the opportunity to exercise its patriarchal authority over their women folk. This is amply proved by several references in medieval literature. The paradox of medieval society was evident in the fact that while the rural woman had the freedom of movement, she was deprived of the essentiality of education. The ashraf girls received some semblance of learning, but was crippled at an early age with the obstructing veil. Her ajlaf counterpart was similarly obstructed. Her freedom, her earnings were not her commodity. She was subordinate to men in every aspect. Rural preachers who dominated the village scene, constantly advocated the efficacy of the obedient girl in preserving family bliss. The 'girl in ashraf conception was an inhabitant of the zenana'⁸. On rare occasion when she went out she had to don the burqah or the hijab, "the portable statement of physical seclusion". Her world, as that of the rural girl was constricted and shrouded.

Sensibility of the Emerging Voices.

The Muslim girl in the colonial age was situated in an even more complex set up. For a long time the Muslims remained aloof and separated from mainstream currents hugging onto the hurt sentiments of dispossessed and overpowered protagonists. Ever since the British had come to power and through out the first half of the 19th century they remained convinced that the Muslims resented their suppression as rulers. This generated among Muslims an inevitable and implacable hostility toward their successors. The problem in relation was variegated.



The Hindus were looked upon by them with suspicion as collaborators of the colonial rulers. The rulers themselves stayed apart with no intention of coalition. The Muslim community was not included in their colonial agenda. The colonial rulers saw 'India as a field of conflict of 'two irreconcilable faiths' and they were always in search of collaborators. Hence the British perceptions of Indian society emphasized on differences and not on the commonalties of the Indians. 'Religion a signifier of culture difference' was a tool to serve their political purposes for social and other kinds of control. For the first half of the century and especially in the aftermath of the Great Revolt the British suspicions of the Muslims intensified. The sense of isolation on the part of the latter, too, was equally intense as a consequence. The Muslim sentiment of the time is eloquently expressed by Mirza Asadullah Khan Ghalib (1797-1865) "*why is that every humiliation that the Muslims suffer pains and grieves me so much*"?" Isolated on public sphere the Muslim man looked inward and made the private sphere his domain. The Muslim woman, and the girl belonged to him and he ruled over them with vengeance. In the eyes of the Muslim patriarchy the woman was both unequal and dispensable. With a concern to preserving and protecting its cultural identity, it placed woman on the centre stage entrusting her with the task of preserving honour and respectability of the community in an obverse manner. By a strange logic woman's conduct and deportment were regarded necessary items responsible for safeguarding and delivering the identity and the dignity of the community's existence. Seclusion and the veil were therefore absolute conditions to ensure these and also to protect the girl from her early childhood from the evils of colonial modernity. The ashraf girl had no escape from the impediment of Purdah and the hijab or the veil. The minimum of education she received concerned the religious texts, Arabic and some learning in Urdu. Vernacular was outside the sphere of Pan-Islamic conception. Learning of the vernacular was not only disgraceful but un-Islamic. Beyond the cloistered world of the ashraf girls existed the faceless feminine of the lower classes of villages and the cities. In the second half of the 19th century a marked change took place. East India Company's early stance of non-interference with the affairs of the native population and rigidity against any kind of missionary activities were replaced by a collaboration



policy with Evangelicalism and the Utilitarian philosophy of doing greatest good to the greatest number of people. The Utilitarian and the Evangelical combination gave a new bend to the colonial aspirations. Missionaries were no longer discouraged and the idea to bring the natives under the benevolence of English education was fast becoming the Company Government's conscious policy. Macaulay's famous Minute and the change over to western education were round the corner, to happen a few years later.

In the early years of the 19th century English and American missionaries were setting up schools in Calcutta perhaps with the covert intention of conversion but ostensibly to teach young girls of both Hindus and Muslims. The reports of the Female Juvenile Society reveal that girls of poor Muslim families used to attend these schools. Reverend Isaac Wilson in his report read at the annual meeting of the Ladies' association said that most of the girls attending these juvenile schools were Mohammedans, though he regretted the fact that "this class of children (Mohammedan) leaves school at an early age than the children of the Hindoo"¹⁰. The poor and the ajlaf Muslims imitated the upper classes in their attitude towards women. Hence the girls had to be withdrawn from schools to be married and veiled. The veil was overpowering; to the Muslim male it was the symbol of modesty and had to be enforced as it signified their cultural identity.

In 1868 from a remote village in Bengal a girl called Taherannessa raised a few valid points about education and social rights of women in a journal called *Bamabodhini* sympathetic to the cause of women's education and liberation from the *antapur* or the inner sanctum of the household. "Men and women together constitute the whole society, therefore women have a definite role to play; but they are unable to do so owing to their ignorance and backwardness. Let women be educated"¹¹. Taherannessa's 'vindication of the rights of women' can be taken as the beginning of a movement. Taherannessa's identity could not be traced. Many doubted her existence. Was such articulation and reasoning possible in a village school girl? Was this a pseudo-name? Was Taherannessa an ephemeral idea and not a physical entity? Such arguments become pointless as the



essence of the demand remains doubtless. There is a striking likeness between Taherannessa's strident demand and Meena Keswar's triumphant claim of the awakened woman. Centuries seem to converge and, the past and present merge at a timeless juncture focussing to the path of no return.

The movement had taken acceleration in Bengal where girls' schools were rapidly growing in number. Faizannessa Chaudhury, Khairannessa Khatun, Firdaus Mahal, all empowered women, and conscious of the need for education, set up schools for Muslim girls in villages and the city. Faizannessa's empowerment grew out of her economic freedom and her firm conviction on the 'otherness' of men. Khairannessa believed in educating and therefore awakening the village girl, the girls of the multitude of *ajlafs*. Education was to be available to all and not just the monopoly of a few. Moreover this education was to be secular and not of the traditional kind. Faizannessa and Khairannessa thought about the rural girls, Firdaus Mahal's school was in Khidirpur in the southern part of the city near Metiaburuz where the discarded Nawab of Oudh, Wazed Ali Shah tried to relive the memories of his lost splendour. Perhaps Firdaus Mahal herself belonging to the Nawab family of Murshidabad knew about the girls of the decadent *ashraf* families enclosed in claustrophobic seclusion and sought to bring to them the assuaging power of education.¹²

While these women were thinking of open schools and gradual wavering of the *Purdah*, some enthusiastic males were thinking of *antapur* schools or school within the household for *purdahnashin* girls. Samaj Sammilani (1879) and the Dhaka Musalman Suhrid Samiti (1889) prepared syllabus and textbooks with the view to teach the girls of orthodox families. This was perhaps the first conscious attempt on the part of the Muslim male to think about teaching the girls on the secular line. But lacking the initiative and the daring of the above mentioned pioneering women they could not think of institutional learning for their girls.

The situation was perceptibly different in North India. There prevailed, as Ayesha Jalal would say "a powerful impression of the uneasy



coexistence of Indian Islam with British colonialism"¹³. Inevitably this would have its repercussions on the shaping of male attitude towards women, the hijab or the veil and learning of the girls. While the traditionalists still nursed the hurt and the pain of being suspected as main perpetrators of the Great Revolt of 1857 and lingered in isolation from the main stream, a new set was emerging who thought it better to collaborate with the colonialists. The traditionalists were in no mood to concede any kind of changes in the traditional social arrangement. Once again the question of honour and respectability came to be tied up with women and their conduct. Restraints and regulations were to continue for "the security of the honour of their families". Muslim patriarchy glorified, as before the roles of mother and wife. At the same time the ashraf women were to be separated from the disreputable ajlaf women. The woman in this neo-ashraf concept had to be "literate but domesticated, wise but chaste, intelligent but submissive wife". The emergent modernists were in favour of teaching their women, but not outside the Zenana. Thus "the antagonists on both sides of the debate ...avoided coming to blows on gender relations"¹⁴. Sayyid Ahmad Khan who represented the emergent modernists was clear in identifying himself and his community on par with the other communities of India whom he considered as compatriots, but when it came to the question of educating the girl child, he firmly believed that it should take place within the home. He suspected that open schools where women went without veil, existed in Bengal and were one of the causes of the Revolt of 1857.

In 1907 A Earle, Director of Public Instructions of the Bengal Education Department proposed to set up zenana schools with special syllabus and special text books. He felt after much deliberation with the leading Muslim authorities that general girls' schools and the subjects taught there could not be suitable for Muslim girls. The proposed syllabus was restricted and tradition bound. The whole programme was with the intention to contain the girl's education in conformity with the traditionalist view along with doses of concessions to those who were in favour of educating their girl child¹⁵.



TWENTIETH CENTURY MODERNITY

In the year 1905 Begam Rokeya Sakhawat Hossain was pouring out her sensibilities in the pages of *Nabanur* a progressive Bengali journal. She wrote on the exploitation of women, on the necessity of education as a step to consciousness and on the unequal relationship of man and woman in marriage. She ridiculed woman's fancy for ornaments saying that ornaments and jewellery are sops thrown to women by men in return of their mastery over them and for the latter's unconditional obedience. Most of all she condemned the helpless dependence of women on men "Women have no space, either mental or physical any where and at any time in her life not even in what she thinks to be her home", wrote Rokeya "We are under the guardian ship of our men. A woman without a guardian is unthinkable. Death is no respite. Perhaps we are to have a guardian with in the grave as well"¹⁶. Rokeya's severest condemnation was against institutionalised religion. "All religions and religious scriptures are written by men and as such they belong to men. Men use it to keep women in subordination"¹⁷. This 'blasphemous' denouncement of religion had never happened before and taking up this unprecedented discordant and uncompromising stance, Rokeya was vindicating the rights of all women Hindu as well as Muslim, trying to forge the solidarity of sisterhood.

Rokeya established her school in 1911. The school was a middle school and the medium of instruction was Urdu. Even Bengali Muslim families frowned upon Bengali, as they did not consider it the language of the ashrafs. Rokeya's desire to open a Bengali department did not materialise in her life time. Threats to withdraw the girls from the school lest she introduced Bengali prevented her from doing so. Attempts to open up a hostel for girls from the districts were foiled too. Meanwhile she was writing vehemently against seclusion and the use of burqah. Purdah and burqah were detrimental to education and progress. The girl should not only be educated but should be made to realise that this education was necessary for awareness and emancipation. She should also realise that she needed to be economically independent and economic independence came along with work and independent earning. The notion of the working woman and hence the empowered woman did not come at once.



But such convictions were rapidly crystallising in her thoughts and writings. In 1928 Rokeya wrote a series of articles on the evils of seclusion and purdah. These came out in the *Mohammadi* a journal of the Muslim community. In all of these articles Rokeya not only ridiculed the practice of wearing the burqah but also pointed out the hindrance it created in the movements of a young girl. Hijab or burqah obstructed the girl physically and handicapped the growth of her mind and body. By covering her from head to foot, it wipes off her physical identity turning her into a moving entanglement of clothes. Rokeya even referred to several occurrence of accidents, even deaths because of the burqah. Once again the sublime and time less quality of Meena's poem comes to our view when we bring the writings of Rokeya in line with the condition of women in Meena's Afghanistan, the spanning years of seven decades disappearing in a wink. Writing about the Afghan women in 1998 Jan Goodwin comments "The heavy gauze patch across the eyes makes it hard to see, completely blocks peripheral vision. Since enforced veiling, a growing number of women have been hit by vehicles because the burqah leaves them unable to walk fast, or see where they are going"¹⁸. Rokeya's own childhood trauma seems to be repeated in the lives of the hapless Afghan girls; "It is now illegal for women to talk to any men except close relatives, which precludes them from visiting male physicians, no matter how sick...to insure women are effaced as effectively as if they never existed, the government ordered all exterior windows of homes to be painted black."¹⁹ Rokeya donned the burqah all her life. Not only that the school bus that brought the little girls to her school had to be covered with thick curtains so that nothing could be seen from outside. All these had to be done, because the traditionalists had to be appeased, and for their condescension as well, which was needed for the running of the school.

Hijab or the veil was the central inquiry and women of the 20th century were taking it up as a discourse. In 1927 a young woman of Ottoman Lebanon began to research on the subject of the hijab, arguing that it was anachronistic. "It greatly harms the two sexes that every man continues to insult his mother, daughter, wife, and sister, suspiciously accusing them of bad morals and keeping them confined to a cage", wrote Nazira



Zen-ed-Din daughter of a Lebanese judge and considered a theological prodigy. "Unfortunately, if the veil (hijab) implies the inability of the woman to protect herself without it, it also reveals that man however well brought up and in spite of supporting the woman, is a traitor and a thief of honour; his evil should be feared and it is better that the woman escapes from him"²⁰. While Rokeya felt that all institutional religion to be essentially men's religion which relegate women to subordinate position, Nazira thought that in true Islam women are treated equally along with men. Secondly she believed that veiling was a much older practice handed down from the pre Islamic days of Arabia. Indeed the use of veil and the custom of confining the girl in the house had been in existence in Persia and Byzantine Greece and also in ancient Greece and India. Nazira in her debate pointed out the public roles of Prophet's wife and other women of the past with out the veil and the illegitimacy of the custom.

Both Rokeya and Nazira's efforts were fraught with frustration. Rokeya died a broken person. As for Nazira her "subsequent career has been difficult to trace"²¹. Mean while perceptible progression were taking place in India. The subject of education of the Muslim girls could not be shoved any more. Begam of Bhopal moved from one part of the country to the other advocating secular education for Muslim girls in open schools. The individualistic efforts of the early 20th century enterprising women were converging into the purposefulness of a common movement. Solidarity both communal and feminine characterised the movement of women for their rights. The All India Women's Conference and The Indian Women's Association supported the right of women to limit their families and proposed that girls' education be compulsory. The girl as an individual in her own rights and her legitimate claim to basic human privileges on equal terms formed the agenda of the women's movements of the time. "Your dictionary describes woman as the better half, in Russia she is the sweeter half. I have yet to discover the dictionary that describes her as the equal half", spoke Begum Shahanawaz Khan the only woman member of the Third Round Table Conference at a city dinner in London. Equality thus became the statement of the movement²².

Faziltannessa, of Bengal stood first amongst the students of the Dhaka



district in both matriculation and intermediate examinations. Born in a lower middle class village family, Faziltannessa came to Calcutta for college education and there after finished her post-graduate studies in Mathematics by standing first among all students from the Dhaka University. As a student Faziltannessa discarded the veil despite threats of physical assaults from the fundamentalists. The veil was a symbol of the modest woman of the chaste and of the "Bihishti Zavar" or the "heavenly ornament" as Ashraf Ali Thanawai had described woman²³. Faziltannessa threw the dictum of the traditionalists to the winds and set her own code at her own terms. She was the village girl marching out to the city and then to abroad for further studies. The gritty voice of the village girl carried through and seemed to be transmitted, at a different time and in a different space to mingle with the refrains of Meena Kishwar's claim of finding the path. At the same time Faziltannessa, like her predecessor Rokeya committed herself to the 'education of the daughters'. When still a young girl she would write about the necessity of teaching the girls and exposing them to a world where they could stand firmly on their own rights. She wanted to share her experience and her grit with the fellow Muslim girls and join with them in the same bond of camaraderie and sisterhood²⁴.

Noticeable changes regarding education, occupation and participation of women are evident in the thirties of the 20th century. More and more Muslim girls went to schools and many of them entered colleges. A new generation of educated and professional Muslim girls were coming up in Bengal and else where. The veil and the dictates of seclusion seemed to retract. The new young Muslim girl was socially aware and politically participating, unequivocally denouncing the authority of the traditional structure. Yet the veil really did not fade, it would reappear in a reconstructed deterministic form laying down the rules of behaviour and deportment before the modern girl. Even modernity had to be handled and reshaped in order to specify the norms and notions of the modern Muslim girl. Complexities of political developments and the rapid polarisation of the communities affected ideas regarding women and the veil in the years immediately before and after the Partition. As cultural identities of the communities were focussed on concepts of difference



and otherness, Muslim girls were once again considered as beings of the domestic sphere to be protected and kept in seclusion; not so much in Bengal, but very much in Punjab and Northern India. But on the whole the women themselves placed firmly on grounds of solidarity ignored the lines of differences and separation and continued with the movement of educating the girl child. The refrain of Meena Keswar's poem seems to be absolutely relevant in relating these women and the earlier ones who have indeed found the path, never returned and never looked back.

POST COLONIAL SCENARIO

The Partition of India in 1947 affected the solidarity of the women's movement in many ways. First of all it broke the solidarity itself by separating women by political borders. The trauma of the killings and violence that preceded the partition led to the retardation of the progress of the early years. According to Ayesha Jalal the violence that marked the birth of two independent Nations in South Asia "offers astonishing insights into the social attitudes"²⁵. Gender as before at any time in history as then, was placed at the centre of violence. "There are countless examples of male inhumanity towards women in what have been presumed to be efforts to assert dominance over men of other communities"²⁶. In India the Muslims who were relegated to the distinctive minority status considered their girls vulnerable and hence felt an immense sense of power over them. In the late colonial years women were very close to attaining "the public stage of nationalist politics" which was the "evidence of at least tentative progress in their quest for rights". Aftermath of independence certainly led to the stagnation of this progress, particularly for the girls of the Muslims now the minority community. Women, far less Muslim women formed no part of the national configuration at least for the time being. Ayesha Jalal emphatically narrates the immediate post-colonial situation for Muslim women in India and Pakistan. "The shattering experience of partition only hardened Muslim men, cutting across class divisions, in their opinion that a woman unprotected and exceeding the limits of the domestic sphere was the source of immorality, irreligiosity and social degradation"²⁷. Women's space was redefined and



once again she was placed in the private sphere; attempts to keep her outside the public view and space was at work. The Muslims in India "felt the loneliness of separation"²⁸ This country belonged to them, does it now? Such and other questions were raised and once again as in past the attempt was to impose the burden of safeguarding the community's honour upon women. The veil appeared in a credible and approvable remoulding and the subject of the girl's education was raised in doubtful discussions. The traditionalists reappeared with the agenda of neo- purdah and the prdanashin as concepts of dignity and honour. They had been warned by Iqbal: "*Neither purdah nor education, whether new or old / Man alone is protector of woman*"²⁹. Thanawai with his idea of *Bihisti Zewar*, woman, the ornament of heaven, was also looming large. How much of the rights of a civil society were to be given to them? This and other inquiries like marriage, divorce and inheritance, whether to be settled with in the community by the Muslim personal laws or in the context of national citizenship claims were vital topics. The vast majority of women from the lower classes were left outside, kept in the periphery and the issues revolved round the women of the ashraf class. It was decided that the women of this class of Bengal as in Northern India should be educated and reformed with in the house. The educated woman was to be the representative of the community and then of the class with in the community, she was no longer the part of the feminine solidarity. That was a thing of the pre-independence past.

In Bengal as in Punjab the Muslim women were part of the minority. While in Punjab the traditionalists controlled the recasting of the Muslim girls, in Bengal, there was a vacuum. Many of the Muslim girls at the colleges of Calcutta did not return after 1947. Those who had their careers in this part of Bengal, opted for Pakistan. Most of these women belonged to the eastern part of Bengal, hence the urge was to go back to where one's roots were. Though women's movement was a unified movement in the pre-partition days the birth of the new state was welcomed by those whose original home was in East Bengal and which fell in Pakistan. Perhaps they felt that in the new state they would have more scope and more opportunities, also they sensed there would be less competition and enough space for them to operate. The disillusionment



was not long to come and, stifled in the rigid and claustrophobic atmosphere of the new state, activists like Faziltannessa and Shamsunnahar regretted their decision.³⁰ They yearned for the familiar ambience of Calcutta. In the new state of West Bengal the liberal and educated middle class of Bengali Muslims suddenly seem to disappear and their place was taken by affluent business class largely from Bihar and North India. The localised settlements in cluster and in isolation from the mainstream city life seem to be the characteristic of the post-partition Muslim families of Calcutta. The girls of the affluent families were sent to English medium schools but did not go to colleges. While fluency in English was considered an asset in the marriage market, college education was a deterrent. Strangely enough girls from poor families were more determined but they had little scope because of lack of finances. Same could be said of the village girls. In the decades that followed the tenacity of the village girls were often evident.

The assiduous village girl is best represented in the single instance of Saleha Begam of Panchagram in south 24 Parganas³¹. Born in a lower middle class family and youngest of four sisters and three brothers, Saleha began her education in the village maqtab. Her father being a teacher at the village primary school did not prevent her from going to the secondary school, but trouble rose when she wanted to continue after securing a first division in her secondary examination. Her father wanted to stop any more school learning. Saleha's greatest support was her mother who herself was not educated but who wanted her daughter to continue in spite of her father's wish to marry her off. Saleha's mother kept hens sold eggs and worked in other people's house to pay for her tuition and college fees. Saleha had to travel a long way to reach school as there was no higher secondary school in the village. From school to college, Saleha eventually worked her way to university. The expenses of college and university education were indeed a problem and Saleha provided for her own education by giving tuition. Saleha lost her parents. She missed her mother who had been all these days her main support. Today she is the only M.A in her village and is a source of inspiration to the village girls who are motivated by her spunk. She lives alone and comes to the city every day to work. The journey from the village to the city is long.



strenuous and expensive, yet she cannot have an accommodation because she is a small earner and perhaps her belonging to the minority community may have some thing to do about finding one. She is often criticised for staying alone or coming back late in the night. She is pressed by her relatives to marry; according to them marriage is the only solution to avoid criticism. Saleha thinks differently. In the last decade of the 20th century and in the beginning years of the 21st and for Saleha who belongs to the new century, burqah or the hijab has no relevant context but some unwritten behavioural norm continues. The new world opens up new opportunities and newer learning even while it provides new constraints and draws new lines of social identity. The purdah therefore reappears internalised and in a new make. If Saleha is taken as a case study, then there are hundred others, village and city girls like her. In the city, it is usually the girls from the lower classes, who are aspiring and determined to make careers. Keshwar Jahan Qader a social activist, thinks the same³². According to her there is an appreciable progress in the villages in the last two decades. The drive and the initiative come from the girls themselves. While working in the villages she has noticed how more and more Muslim girls are intent on having some kind of vocational training to sustain themselves. She also comments on their political awareness. Kishwar Jahan herself belongs to a liberal and progressive family. She and her daughters Rukhsana and Farzana belong to post-partition generations of Muslim women. Kishwar Jahan assures that she and her daughters never suffered from the community bias or felt any differential treatment. She stresses on her closeness with her Hindu friends. But she would at the same time confess that it is indeed difficult to understand the minority mind and its complexities. There is a lurking inexplicable fear and feeling of uncertainty and deprivation. In view of the rapidly changing political scenario and increasing atmosphere of considerable communal tension in recent times, the feeling is almost justified. Kishwar Jahan thinks that there is a subtle change in West Bengal as well, where post independence communal tension hardly ever happened. She has witnessed sudden and alarming rise in the use of burqah and chaddar. Is this because the Muslims of recent times are suffering from an identity crisis and also a fear, amidst the widespread Hindu sectarianism? Hence there is this search for a cultural identity? Indeed the "Muslims could be



seen as playing a role as scapegoat for problems not of their making and as a foil for creating majoritarian identity...The Muslim population in India, whose relative disadvantage could be measured by low representation in government employment and share of higher education, was more over, economically and politically linked to the threatening lower classes both materially and politically"³³. So the burqah and the chaddar reappear. Muslim men in echoes of the past discourses, consider women's submission to men define honour and masculinity. But, if purdah in an internalised form seem to overwhelm the mind of the Muslim male as before, the girls themselves have taken the chosen path of defying it. The defiance is evident in a recent report in the Statesman. Researches have shown more and more girls are competing for higher education and economic independence. As a result there is dearth of suitable boys in the marriage market, and as marriage is 'must', many girls are seen married to less qualified boys, leading to frustration and unhappiness for the girls³⁴.

There is a strange surrealistic relevance of Meena Kishwar's poem to the past and the refrain seems to be visiting again and again, linking and relating these girls of now with those of the past. They are all brought together on the same plane in matters of education empowerment and of course the inevitable and what seem to be the indestructible veil. We are as if moved back ward and forward in time in a strange and startling projection. Meena's Afghanistan is brought face to face with Rokeya's Bengal.

Meena's Afghanistan saw the destruction of any vestige of female freedom in the hands of the Taliban regime. An eye witness account sums up the condition of women. "In the past Afghan women in rural areas worked alongside men in the fields. In the capital until the Taliban took over, they often wore western dress, served in parliament and worked in a variety of professions including medicine, engineering, architecture, the media and law. All these changed with the Taliban coming to power. The Taliban claim they were restoring Afghanistan to the "purity of Islam". But many Muslim countries insist that few of the regime's dictates have a base in Islam". The restrictions that the Taliban imposed



upon women were harsh to the extreme. The all encompassing burqah was imposed on women covering her from head to foot .The gauze patch across the eyes reduced vision. "A good number of women had been hit by vehicles on road because of this.To insure women are effaced as effectively as if they never existed, the only public transport permitted women are special buses, which are rarely available and have all windows except the driver's covered with thick blankets .It is now illegal for women to talk to any men except close relatives."³⁵ We are taken back to the days of Rokeya to her anguished narration of how she had to go in seclusion as a little girl with out food because of visitors at home and how the little girls of her school fell sick in side the heavily curtained and airless school bus. The Taliban's claim to restore "women's safety, dignity and freedom(sic)"brings a feeling of déjà vu bringing to the mind Ashraf Ali Thanawi's *Bihishti Zavar* , the " heavenly ornament "that was how woman was conceptualized in the 19th century , and it does now. In reality they are to be enclosed in the house hold and out side by the veil. The girl and the woman are reduced to mere objects. "It's like having a flower, or a rose .You water it and keep it at home for yourself, to look at it and smell it a woman is not supposed to be taken out of the house". At least Thanawi thought of teaching the girl even if it was inside the house , the Taliban would not hear of it at all . At the end of the 20th century the veil is as powerful as it had been in the past centuries .The burqah , while trying to hide the sexuality of the girl and woman actually heightens it and put it in the power and use of men . By denying education the man in power tries to control her body and mind by keeping her ignorant of her rights and place .Talibanism is patriarchy at its worst.This is quite clearly expressed in the words of a director of a major American Humanitarian Agency. "When you only see women in burqahs , you realise the power of covering a woman like that , you don't treat them like woman any more . Just bits of cloth moving down the street ." The burqah or the hijab or the veil has a sexual connotation which by ostensibly covering the body of the woman actually emphasizes on it and change it into a commodity, the girl or the woman is turned into an object. Shabbir Akhtar an Islamic scholar has given a similar meaning of the veil. " The veil is no doubt an apt symbol for the sexual culture the Qur'an sanctions and encourages men and women to cultivate the veil could enslave,cramp or distort even valid sexual ambition ; or it could successfully serve as an



index to the truly erotic culture”³⁶ .

One is reminded of Rokeya and her reprimands against the concept of the veil, and how it dehumanized woman. Rokeya described how a woman in veil appeared as a shapeless ridiculous apparition and also the dangers of her maneuvering on the road³⁷. Therefore she condemned it .Ninety one year later we find how a woman shrouded and veiled in Taliban Afghanistan is endangered on the road. Women of Rokeya’s time are juxtaposed along with the name less, faceless Afghan women of the Taliban days.

Afghan women also defied the Taliban .They ran several underground schools for girls, one room schools where students aged six to twenty four gathered despite the warning against women’s education and such assemblages .Teaching aids were hand made from what ever they could find .Humiliation, punishments, even the over shadowing fear of death could not prevent these women, and they never allowed them selves to be detracted. One such woman was Meena Kiswaar Kamal .She worked, lived and died for the education and organization of Afghan women .Long before the Taliban have come to power in 1977 Meena set up her Revolutionary Association for Women of Afghanistan (RAWA) . In 1981 she started *Panyam-i-Zan* the bilingual women’s magazine. Meena came away to Pakistan where she set up *watan* schools for refugee Afghan children. The long hands of the Taliban reached her and snuffed out what they considered as absolute defiance. Meena was brutally killed in 1987.³⁸

But her poem lives on. The refrain of her poem is heard in flash back in the voices of past activists, their images dissolve with Meena’s description .A path was founded long ago and a journey began on it by the women who had awaken. The open doors are perceived, there shall be no return.



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GIRL CHILD LABOUR IN BIDI – MAKING : A CASE STUDY OF KOLKATA

Basabi Chakraborty

As per the ILO (International Labour organisation) definition: "Child labour includes children prematurely leading about lives, working long hours for low wages under conditions damaging to their health and their mental development, sometimes separated from their families, frequently deprived of meaningful education and training opportunities that could open up for them a better future". So any child suffering from such exploitation, hazard or interference is a child labour.

Child labour is becoming a major problem in India as well as in South Asian countries with serious social, economic and moral consequences. It is undoubtedly a complex phenomenon calling for an informal and integrated approach for its solution.

The magnitude of the problem of girl child labour is not different from child labour in general, but only difference lies in the fact that in home-based economy the work of the girl child is mostly invisible. The present paper intends to explore the socio-economic condition of the girl child labourers engaged in home based bidi-making activities and to draw attention to some of the areas where the needs of girl child labourer should be accommodated.

According to the census of India, 1991, child labour numbered 11.28 million, constituting around 4 percent of the total workforce of the country and out of them 33.6% are girl child worker. Of course, these figures do not include child workers in home-based activities and thereby underestimate the actual number. In almost all developing countries and more particularly in Asia, there are innumerable daily-wage girl-children and women workers (piece rate workers) who work in their homes, but they are invisible to the society. Home-based workers are called "invisible



hands". Home-based labour has certain common features: (low wages, long and erratic working hours, no bargaining power, no effective legal protection and no recognition as workers, but surprisingly enough that inspite of such constraints, a large number of women and girl-children are engaged in home-based economic activities in order to earn their livelihood). Such type of workers can be classified into two categories; first, those who are given the raw materials by their employer and who are paid by daily wage labour (piece rate) according to the amount produced and second, those who buy all their raw materials themselves and earn by selling their finished good. The girl-children who roll bidi, belong to the first category of home based worker. The girls are given raw materials such as tender leaves, tobacco and thread by the contractor or the owner to whom they return the finished product.

SURVEY REPORTS & METHODOLOGY

Keeping in view the difficulties of the availability of secondary data on girl child workers engaged in home-based activities e.g. bidi rolling, a primary survey has been conducted under the present study. The survey has been conducted at Sahibbagan, Patwarbagan, Dharbagan and Surkikal slum areas of Rajabazar, Akra Road and Bangali Bazar Bustee of Metiabruz and Bibibazar area of Cossipore. The area selected for the survey has some importance, the areas under survey are inhabited by Muslim people. The striking feature in this context is that bidi-rolling work, though are done by the Hindu girl and women in some places of West Bengal, but in Kolkata bidi-workers are predominantly Muslim girls and women. Perhaps due to the social restrictions on their mobility outside the home, they prefer to work at home.

The survey has been undertaken with the help of a pre-structured questionnaire. The interview is made directly contacting the respondents. The number of respondents are 250 (two hundred and fifty) and the choice of the survey spot is purposive. The sample in this study is selected through random sampling method.



SOCIO-ECONOMIC PROFILES OF GIRL CHILD LABOURERS

On the basis of data collected through field survey and information gathered, socio-economic condition and demographic characteristics of girl child labourers have been presented in this paper.

Regarding the age of the respondents, it is evident from the survey that 42.6% girls belong to the age group of 10 – 14 years, 47.4% girls are in the age group of 6 – 10 years, while only 10% girls child are less than 6 years.

Regarding the size of household it has been found that 3.4% girls belong to a family comprising of 3 members, 4.4% girls have family of 4 members, 21.6% girls belong to the family of 5 members and 70.4% belong to the family of more than 5 members. In most cases, it is found that besides the parents and grand-mother or grand-father the girl child labourer has 5 to 9 brothers and sisters.

The survey shows that 2.8% girls have their monthly family income of Rs.600/- to 900/-, 21.2% respondents have monthly income of 900/- to 1200/-, 75.2% earn between 1200/- to 1500/-, 2% earn between 1500/- to 2000/- and 8% (only 2 girls in the total sample) have monthly income between 2000/- to 3000/-.

Regarding the issue of saving and indebtedness, the information collected from the parents of the girl child labour shows that 56.8% have no debt, 23.2% have debt. The range of debts varies between Rs.2000/- to 5000/- and the rest 17% girls' family has debt of above Rs.5000/-. The reason of indebtedness is due to the marriage, serious illness of any family members, repairing of room etc.

Regarding education it has been found that a majority of girl child are school drop-out. The study also reveals that only 4% (at the age group of 10-14 years) have passed seventh standard of school, 57% girls have received basic education at the local Madrasa and 39% girls have no basic education or never gone to the school. Almost a large number of



school drop-out girls had told us that they had aspiration of receiving more education, but circumstances compelled them to give up education and to take this self-employment for bare subsistence.

The study also reveals the employment status of the girl child workers' father. The men are mostly casual workers (54.3%), some men work as khalasi to the truck driver (15.6%), 8% are bidi-workers, 7.4% are bus drivers, 11.7% are fish and vegetable sellers in the local market. During survey it was also noticed, that 3% men have no employment at all.

On the question of migration it has been realised from the respondent's mothers that they are mostly migrants from Munghyer, Darbhanga, Mazafarpur, Samastipur of Bihar, some are from Maldah and Murshidabad district of West Bengal, some are from Uttarpradesh and the rest are from Khulha, Commilla and Rangpur of Bangladesh. Somewhere the respondents could not recollect properly the period of migration or some of the respondents did not even say the name of the native village. Such type of inconveniences always prevailed during the survey.

Living conditions are extremely bad. The workers live in small, dingy rooms with their family members in the bustee area. Insufficient space, insufficient light and little ventilation are the typical features of the room they reside. All respondents use common tapwater, common bathroom and latrine. The minimum norms of public health are not maintained in living space of the workers and other basic amenities of livings are also absent.

EXPLOITATION AND WAGE RATE OF THE WORKERS

On the basis of information gathered from the field survey it is realised that these home – based girl labourers roll bidis for owners of local bidi-shop. Raw materials, i.e. tendu leaves, tobacco and thread are generally supplied by the contractor or middleman. In most cases, the girl's mother secure orders on behalf of them and the girl children are utilised as the latter's helping hands. The bidi workers'



direct contact with the employees seems much better, because it is evident from the survey that contractor sometimes reject the bidis on ground of poor quality he checks at random one or two bidis in a couple of bundles, if one bidi taken from a bundle is not well made – then the whole bundle is rejected. The worker in such a situation not only is deprived from the wage for the work done, but also the raw materials used for making the bidi. In this way, the exploitation is going on.

In case of wage paid to the workers, a clear-cut discrimination exists between the home – based male & female bidi – workers. By rolling 1,000 (One thousand) bidis in a day a girl child receives Rs.20/- to 22/-, whereas a male worker gets Rs.60/- to 70/-. Rather, the girl and women worker don't get bonus and other facilities like the male. Usually, the girl and woman worker start work at early morning and continues till evening. The girl child workers have told that besides rolling bidi, they have to help their mother in all household activities.

From the point of view of wage paid to the girl and woman worker, it can be said that in West Bengal, the official minimum wage varies from place to place and state Government's explanation is that it is because the cost of living index is different at different places. Thus the wage rate fixed in 1986 per 1,000 bidis in Kolkata was Rs.24.61. It is surprising that in 2000, at the time of survey the wage rate of girl and woman bidi labourer is still Rs.20/- or 22/- per 1,000 bidis in proper Kolkata region. This discrimination and deprivation is going on and the workers also have accepted this wage structure for their family's survival.

HEALTH ISSUES:

In addition to these exploitations, the bidi-workers are exposed to occupational health hazard. Working with tobacco leads to nausea, giddiness and vomiting as tobacco dust accumulates in the lungs – all these information are also available from the survey done. The present study also shows that a majority of girls have been suffering from legache and backache, because they have to sit at the same place and at the same



position hours after hours and except the monotonous movement of the two forearms there is no body movement. Rather, making of bidi affect not only the health of the workers but also that of the other family members as the worker's tiny room serves as the workplace.

LEGAL AND POLICY POSITION :

Generally home – based workers are not included as workers in the Factories Act and so are not covered by most labour laws. Only special legislation has been passed for bidi- workers which covers home-based daily-wage or piece-rate workers. At national level, one major law had been enacted, i.e. the *Bidi and Cigar workers Act (1966)* which brought in comprehensive provisions covering daily working hours, weekly holidays etc. It specially recognised home-based workers as 'Workers'. (The Ministry of Labour has a Bidi-Worker's welfare fund which, is channelled in to schemes for health care, education, housing and so on of the Bidi-Worker). But the tragedy is that all these are not implemented and the bidi-workers hardly get any benefit out of it. The girl workers interviewed in the present survey know nothing about the Government Policy or Welfare Fund. The labour Department of State Government has also started issuing identity cards to the bidi-workers. Strangely enough the girl and women workers of Rajabazar area have not even heard of such identity cards (ID cards). Only few girls and women of Bibibazar and Metiabruz area have knowledge about it, but they don't know the process of getting ID cards.

CONCLUSION

The International Labour Organisation has also taken initiatives for the elimination of child labour as its priority. A project entitled "International Programme for the Elimination of child labour" (IPEC) was introduced in 1992 and some priority areas of action are –



- (i) Preventing employment of children in hazardous work.
- (ii) Protecting those who are under 14 years of age including girls.

It is well known that in a tradition bound society like ours exploitation of girl child labourers is directly a result of the exploitation of women. In India, the major concentration of girl child labour is in unorganised sector and in home-based activities like bidi-making, papad-making and rolling agarbatis etc, where they are socially and economically exploited. Strict legal action should be initiated to change the prevailing socio-economic system so as to eradicate the problem of girl child labour from the country. The use of child workers means their childhood dreams becoming crushed. The mental, physical, educational and social development of children irrespective of sex is a social and economic must for all societies.

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NO WHERE GIRLS : VICTIMS OF TRAFFICKING

Indrani Sinha

Imagine a girl of thirteen years in South Asia, I can immediately think of Manju....this is a common enough name, she can be of any religion and any village or an urban slum and there are thousands of similar girls of her description. Manju failed to complete school because her father was poor and failed to provide her school books and when asked a little more Manju also said that none of the family members were much interested in her completing school. When her mother started working in other people's houses to earn a little extra money for the family, Manju was asked to stay at home looking after her younger brother and sisters. So by the time Manju was 13 she had been to school for 2 years but remembered nothing. This was also a very difficult time in her life because family members and relatives had started talking about her marriage and her parents were avoiding discussion because they had no money to offer.

Salma is another girl with almost the same qualification but only fifteen and she was looking for a job because her father had remarried and the family headed by her stepmother did not welcome her. Salma was trying to get away and only a job in the city can offer her a change. When Manjus and Salmas and their families get offers of marriage or job they immediately accept it. We have to remember that the patriarchal society is willing to support a girl child till she can be shifted to another family because she is the responsibility and burden of her parental home. Hence, when offers of job or a marriage comes the family opts out of the same.

In Kolkata and in the districts we constantly get to meet the Manjus and the Salmas and find that they are either lured with a job or with a marriage and with all the support of the family they are travelling to the unknown places. Many of us are not very acquainted with the word **TRAFFICKING** or even if we know we are not very sure of the definition. In a world, which is knitted together, and ripped asunder by the forces of globalisation, trafficking is not just another by-product. It



starts with migration but happens when the girl is vulnerable in the migrating situation. Trafficking in human beings..i.e.transportation for exploitation , is also a highly lucrative by-product that requires very little input or investment besides chains of contact persons between demand points and supply zones.

In the South Asian context this business is growing in alarming proportions. What does add to the efficacy of the network is a civil society, which is rife with

- caste and communal biases
- institutionalised gender discrimination
- poverty/feminisation of poverty, marginalisation
- harmful traditional practices

In this seemingly bleak arena various non-governmental agencies, some sensitised officials within law enforcement agencies and a small part of the community, are working tirelessly to counter this network of child protection programmes. So what I write over here is experiences of working with NGOs, donor agencies and law enforcement authority in the districts, towns and border areas of West Bengal, which borders with Bangladesh and Nepal.

STRATEGIES THAT HAVE SHOWN RESULT

RESCUE

As a preventive effort identification of children vulnerable to trafficking is as important if not more than rescue. Rescue can occur due to

- Police and NGO collaboration
- Community Policing
- The initiative of the person/s being trafficked.



Strategies such as

- * Outreach programmes for women in prostitution, youth groups and children of women in prostitution help in creating a safety net through rapport built. Awareness generation about HIV / AIDS and trafficking, educational and vocational programmes for children of women in prostitution, and the development of a second generation of youth advocates through support groups and campaign, have helped us to foster a strong community of youth members and a growing group in the red light areas. They actively assist in countering trafficking by organising and participating in awareness generation programmes on the issue and act as vigilante squads.
- * Sometimes rescue has also been a result of information obtained from source areas or direct action being taken by communities from where trafficking begins (with the help of the police). This has been made feasible through our attempts to build credibility and campaign on the issue in villages.
- * We have also identified sensitive individuals or organizations and with their help built a consciousness against trafficking. These individuals and organizations in turn who have been assimilated into child protection units, also assist in identifying children vulnerable to trafficking and function as the primary block against the trafficking network.
- * Sensitisation of law enforcement people and caregivers from the BSF to the CID becomes an essential corollary to these efforts with an aim to stir up stagnant political will.

REINTEGRATION

- * Attempts at going beyond traditional service provision have led us to believe that a system of reintegration, which begins post rescue and ends in restoration and repatriation has to be holistic in its approach. In the same way as campaigns and awareness generation need a strong credibility base through known protagonists, any reintegration process to succeed, needs a joint



effort between the NGO, the family, community, and law enforcement.

- * Faced as they are by the trauma of not meeting family despite rescue, care giving post rescue for the trafficked person has to be an extremely careful and specialised process. Work at this stage needs to be done simultaneously with the rescued girl, her co-inmates, the residential care-giving team, and (once identified) the family.
- * The process needs to recognise her special fears: such as the lies that she must have been fed with about post rescue situation in the red light areas, non acceptance by her family, and may be even death if she is HIV positive.
- * This process also needs to consider alternatives to family restoration if the rescued person does not want to go back to the situation she was trafficked from.
- * Attempts have to be made in the process, to help her, come to term with her experiences, understand her reality and make informed choices about her future through counselling.
- * Simultaneously family needs to be prepared and briefed via the rescued person about her physical and mental status.
- * Any attempt at hurrying or wrapping up an incomplete process without the assistance of trained mental health professional or care-givers cannot serve a constructive purpose. The individual has to be given the time to feel safe again.
- * It must also be kept in mind that within the shelter arrangements needs to be made for, (besides the basics of food, clothing and medicines) education, vocational training, counselling through individual and creative group activities, recreation, and assertion of rights.
- * Experiments need to be attempted to introduce creative methods of healing such as dance, drama, art and music.
- * Innovative vocations should also be sought and tried, to fit individual needs.

As the rescue person leaves the shelter s/he could be fortified enough to function as an independent responsible young adult, but our work as a



developmental agency should not stop at this. One of the weakest links of the reintegration system / process is the lack of adequate follow-up. It is here that links made with community based organizations and networks, can stand us in good stead. Organisations need to keep in mind that we cannot do everything everywhere; our function is to be catalysts and to ensure the safety of the restored person. This involves both, specialised case management and inter organisational collaboration.

CONCLUSION

It cannot be reiterated enough that:

1. Gender inequality as a factor that provokes trafficking needs to be recognised, and addressed at all levels
2. Political will does not exist. It has to be created, sought, and fought for.
3. Sexual exploitation is a very real danger in the process of trafficking regardless of the end sought.
4. We have to constantly talk; talk to the children we seek to protect, and the adults who, either should be protecting them or then are those they need protection from.
5. Trafficking is very often disguised, and begins as migration for marriage or work.
6. A consensus and sharing has to exist between agencies working on the issue; on the definition, on good practices, on monitoring of rescue and reintegration processes.
7. Judicial activism and change is necessary. We do not need more laws alone, we need a more functional system of judicial addressal because *justice delayed is always justice denied*.
8. There is a difference between networking and merely establishing a network. A network needs to have an agenda or work plan, a goal, which is beyond and above the agendas, work plans and goals of its member organizations.



As developmental agencies it is our duty to ceaselessly ask ourselves questions – Questions about our methods, our motivations and our goals; Questions that assess both – our commitment and our efficacy. Questions that will provide answers, and answers, which will in turn help all of us to collectively, work towards a safer world. We cannot afford to forget that no matter what our differences of opinion are over methodology, means, and goals, we are all working for and with human beings. Every action we take affect some life, some place, somewhere, in some way for sure.



FRESH HOPE FOR GIRLS IN THAILAND

Luckana Peyaprapapun

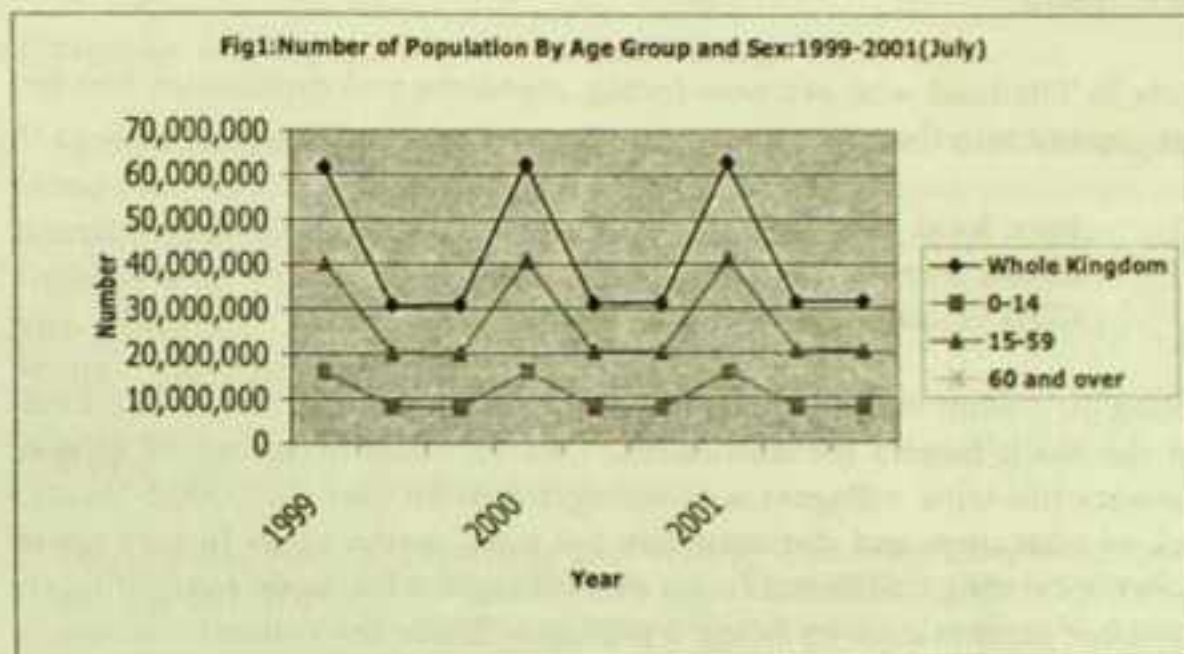
INTRODUCTION

Rural village areas in Thailand have been impoverished. Seventy percent of farmers have incurred debts, both in organized and unorganized money markets¹. It is still true today that many of poor Thai farmers in the northeastern and northern Thailand seek to live by selling their daughters to brothels. Hill-tribe people in northern Thailand, who have been left out because of Thai economic development, are also driven to escape their extreme poverty by sending their daughters to brothels. Young girls who are thought to be free from HIV/AIDS are targeted by sex trafficking agencies. The waves of free market economic flooding the Asian continent have spread to China, Vietnam, Laos and Cambodia, commercializing everything as a means of profit. Thailand, a leader in economic development in the region is also exploiting girls in surrounding less-developed countries². This paper is a collection of surveys and information on the problems of girl child in Thailand. Girl child defined in this paper is not limited to only those born to Thai parents, but also others born to ethnic minority groups in Thailand and immigrants or migrant workers.

Most crucial problems of girl child in Thailand are grouped into four; girls as victims of the worst form of child labour, non-citizen and stateless girls, girls without education and girls with HIV/AIDS and drug abuse. This paper does not go in-depth criticizing every problem due to time and resource constraints. The paper argues for a great effort to understand major problems of girl child in the kingdom as many of them are living in distress or are victims of various forms of exploitation. The information presented in this paper are compiled from various research papers, statistics from government agencies, non-government organizations and local newspapers.



Some problems have moved beyond the territory and have become a universal problem, for instance, the problem of trafficking of girl child for sexual exploitation. It must be combated at the local, national, sub-regional and global levels. Therefore alternatives to the problems of girl child will be a big step forward for the benefit of girl child in both religions-South and Southeast Asia.



Source: Population Projections for Thailand 1990-2020, Office of the National Economic and Social Development Board, Office of the Prime Minister, 2001

WHO ARE GIRLS IN THAILAND ?

The term "girl child" in this paper means a girl below the age of 18 years according to the definition given in the United Nation Convention on the Rights of the Child (1989) and the International Labour Convention on the Worst Forms of Child Labour (1999). Girl child defined in this paper is not limited to only those born to Thai parents, but also include others born of ethnic minority groups in Thailand and also of immigrants and



migrant workers as these two groups of girls are of greater number. They are most vulnerable to exploitation, as they have no legal rights like Thai children.

Estimated number of hill-tribe people in Thailand is more than 800,000 and one-third are children while more than two million immigrants are either legally and illegally living in Thailand and ten thousands of them are children.

Girls in Thailand who are now facing problems and difficulties can be categorized into three groups;

- (a) Poor local Thai girls
- (b) Ethnic minority or hill-tribe girls and
- (c) Girls of immigrants or migrant workers

Young girls from the poor rural areas of north and northeastern Thailand are the main targets for traffickers. This includes offspring of ethnic minority hill-tribe villagers accounting for more than 300,000. Poverty, lack of education and consumerism are cited as the main factors apart from the existing traditional factor that a daughter has to do everything to serve her parents even by being a prostitute. Since the cabinet resolution of August 28, 2001 allows unlimited numbers of Burmese and other foreign workers to work in Thailand in 10 business types nationwide³, this will surely mean increasing numbers of migrant children in Thailand in the year ahead.

Problems of Ethnic minority or hill-tribe girls and girls of immigrants or migrant workers are similar. Girls of immigrants or migrant workers are either forced to become prostitutes by traffickers or agents or voluntarily do so as their difficulties in living forced them to do so. The rapid increase of girls of immigrants or migrants workers will be the crucial problem in the near future if Thai government do not take appropriate policy and measures to control. Official records say there are 200,240 registered alien workers in 39 provinces nationwide. During two months of registration period according to new government policy, more than



540,000 illegal workers are registered forming a total of more than two million.⁴ It is not known how many offspring of immigrants and migrant workers there are in Thailand. However our estimate shows that there are tens of thousands of them. Many of them are both hill-tribe children and children of migrant workers should be granted Thai citizenship as they were born on Thai soil. But they are now still "stateless children". The problem of stateless children will be one among crucial problems in the near future as well. The argument is also shown in the following discussion.

FOUR CRUCIAL PROBLEMS

Thailand made frequent international headlines with sensational news of children being forced into prostitution or even sold by their own impoverished parents since two decades ago. In many villages of the northern Thailand it became a tradition of young girls after having finished primary school, or even before, at an age as early as 12 or 13, to go to "Bangkok" for entering prostitution.

Due to intense campaign of human rights organizations and increasing concern in government sectors, awareness in society about child rights has increased.

According to many researches, the number of young girls from northern Thailand in sex establishments is decreasing with a corresponding increase in the number of foreign girls. This goes hand in hand with the influx of illegal migrant workers into Thailand over the last decade.

Most of foreign child prostitutes in Thailand are from Burma and estimated 10,000 women and children from Burma enter prostitution in Thailand yearly. Girls from Shan State of Burma and minority girls from the northwestern borders are the largest group. Economic disparity together with poverty and unemployment are the pushing or contributing factors which drive them across the border to find better paid jobs either in the sex industry or other sectors⁵.



Altogether Thailand is estimated to have 16, 423 foreign prostitutes from the Mekong sub-region countries, 30 per cent of whom are children under 18; but 75 per cent of them became prostitutes when they were under 18⁶. In order to see clearer picture of crucial problems of girls in Thailand, the paper groups them into four crucial problems as follows:

1. Girls as victims of the worst form of child labour
2. Non-citizenship and stateless girls
3. Girls and lack of education and
4. Girls with HIV/AIDS and drug abuse

Even though Thailand acceded to the United Nation Convention on the Rights of the Child at the beginning of 1992 and adopted several national laws⁷ to protect the right of the child, the law enforcement is still lacking. Girls under 18, now many of them from ethnic minorities and other nationalities can still be found in traditional and disguised brothels.

Again even though the use of child workers under 15 is illegal, according to the Labour Protection Act 1998, many of them are from rural areas and ethnic minorities and especially illegal migrants and are still found in the informal sectors.

Child migrant workers from neighboring countries such as Burma, Laos and Cambodia, which is estimated more than 200,000, are severely exploited. They are reportedly severely exploited rather than Thai child workers. Since they are in Thailand illegally, this often stop them seeking help or voicing their demand for rights.

Thailand ratified the International Labour Organization Convention on the Worst Form of Child Labour (1999) known as (C.182) on February 2001.

These worst forms of child labour as outlined in Convention 182 are fourfold: all forms of slavery, forced labour and armed conflict; prostitution and pornography; illicit activities, especially drug trade; and work likely to harm the health, safety or morals of children.



In the midst of these severe problems, it will be more challenging to keep an eye on how Thailand takes immediate strategies and takes effective measures to secure the prohibition and elimination of the worst forms of child labour as a matter of great urgency.

FIRST CRUCIAL PROBLEM : GIRLS AS VICTIMS OF THE WORST FORMS OF CHILD LABOUR

This section focuses on child domestic work and child prostitution, type of child labour in which majority of worker are girls. Child prostitution is one of the worst forms of child labour by definition, while child domestic work may be another worst form of child labour either because the child domestic works in slavery-type conditions, has been sold or trafficked and continues to be paying of a dept, or because of the nature of the work which may seriously impede these children's health development.

CHILD DOMESTIC WORK

Child domestic workers are defined as children under the age of 18 who work in other people's household, doing domestic chores, caring for children and running errands, among other tasks.

The work of child domestic workers tends to be poorly paid and time consuming, with duties to be performed at irregular hours, possibly at any time during the day or the night, week after week.

"These girls are completely at the mercy of every member of the household and thus are at great risk of physical, mental and sexual exploitation. Living in isolation, separate from their families they have little or no control over their lives. They have to live with the rules set by their employers. If their employers are abusive they have no one to talk to for support and thus are unable to complain. Girls can be forced to endure sexual abuse in order to help their families through their economic problems. Children who have been sexually abused often escape from their traumatic experience and out of despair enter prostitution" [Girl at Work: Situation in Asia report 1998].

The work of girls has been hidden from the public, often unrecorded by



National Statistical Offices. In Thailand, there are some statistics showing to which industry children and youth at 13-19 years of age not attending school are employed. However, they do not mention domestic work outside their own household as work. Therefore, we can not know the exact number of girls in this category.

For the domestic work inside their own household, percentage of girls involved is mentioned. Interestingly, 78.2 percent of girls at 13-19 years of age not attending the school have the burden of household work while they also have to be responsible for other works⁸.

According to the Office of the National Education Commission there are 2,477,917 children who do not go to school, which includes almost 70 per cent of the 11-14 age group. The office estimates that many of them are engaged in the worst forms of child labour.

Some sources mention that there were at least 3.5 million child workers in 1984 and the number drops to 1.4 million in 2001 (see Table 1) as the result of compulsory extension to include middle school and because of ongoing campaigns against child exploitation. Nevertheless, the number is still high as this number is not included within the huge number of child migrant workers.

Table 1 - Employed Persons by Age Group for Whole Kingdom: 2001

Age Group	2001	
	Quarter 1 (Jan. - Mar.)	(Quarter 2 (Apr. - Jun.))
TOTAL	30,444,700	31,388,200
15 - 19	1,400,100	1,629,200
20 - 24	3,513,000	3,571,600
25 - 29	4,477,200	4,608,000
30 - 34	4,372,300	4,513,000
35 - 39	4,124,300	4,201,000
40 - 49	6,881,000	3,908,000
50 - 59	3,902,500	3,170,900
60 and over	1,774,200	2,407,000

Source: Report of the Labor Force Survey, National Statistical Office, 2001



According to the Labour Protection Act 1998, children aged between 13-18 can be hired to deliver newspapers; collect or sell flowers, fruits, groceries and non-alcoholic drinks; carry or haul things not heavy than 10 kg; or to serve on sport training grounds. But in fact many of them are hired to work for other harmful activities and many under 13 years are illegally hired with small amount paid particularly to the migrant children.

Children still work as hard as adults about 47 hours per week while earn less than average at 100 Baht or 2.3 US\$ per day.

CHILD PROSTITUTION

Children, overwhelmingly girls, are being sold or are trafficked or lured into prostitution. Children are more likely than adults to be victims of debt bondage and trafficking. At least 90 per cent of the children involved in prostitution are girls⁹.

The most accepted figure by many government agencies and NGOs is the number of 200,000 prostitutes in Thailand. The Office of National Commission on Women's Affairs estimated that there are between 150,000-200,000 prostitutes working in Thailand, of whom 22,500-40,000 are below the age of 18¹⁰.

However the number might change in accordance with the change of the cross border trafficking situation and the situation of HIV/AIDS in Thailand. The HIV/AIDS factor played an important role in the prostitution situation. The disease reduced the demand side and changed the behavior pattern of many Thais. More and more Thai men refrained from engaging with prostitutes. The negative side effect of the disease was that the customers believed younger prostitutes were at lower risk from HIV/AIDS. Thus, the demand for younger children increased and many of the very young children were recruited to serve the customers¹¹.



"The most common explanation for this is the world-wide spread of HIV/AIDS, which has stimulated the demand for ever-younger children. The logic being that due to their age, they are perceived to have had no or few sexual partners, and thus they are seen as less likely to be affected with the disease. Thus, it is claimed that the demand for younger girls has played a role in entrapping more girls into sexual slavery" [Girls at Work: Situation in Asia 1999] .

All the sex workers working in Thailand include those who entered the trade willingly, those who were trafficked with consent and those who were lured, deceived, brought, forced or kidnapped into the trade against their own wills. Now the number of sex workers recruited from other countries is increasing.

Many researches and reports support that when Thai children are difficult to be recruited, the traffickers turn to foreign children for substitution. According to a team of researchers who conducted the field survey on 40 commercial sex business during 1996, they did not find any new Thai girls from northern Thailand who entered into the business in the last three year¹². On the contrary, a lot of women and children in the Mekong sub-region and other countries were trafficked to Thailand.

There is an estimate that in Thailand there are 16,463 foreign prostitutes from the Mekong sub-region countries, 30 percent of who are children under 18. It is estimated that between 1990 and 1997 a total of 80,000 women and children were trafficked along the Thai-Burma border to work in the sex industry¹³.

Even though the number of poor Thai girls entering sex profession has declined due to the above reasons, girls from ethnic minorities in Thailand involved in this business remain unchanged. In Chiang Rai province, a northern province close to Thai-Burma border, many ethnic minority girls particularly Akha girls born on Thai soil are in child prostitution .

Even though they are of smaller numbers in comparison with Burmese



and other ethnic minorities coming from the Burma side, they are still many. These girls are facing severe situation like girls of immigrants and migrant workers. Many of them are non-citizen girls. It is a main factor forcing them into entering sex profession as without nationality there is no room for them for other jobs.

SECOND CRUCIAL PROBLEM : NON-CITIZENSHIP AND STATELESS GIRLS

Thailand ratified the United Nations' Convention on the Rights of the Child in 1992. It has, however, imposed reservations on Article 7 and 22 of the Convention. They rejected the proposal to withdraw the reservation to both articles for the fear that the children of refugees and displaced children (as well as immigrants and migrant workers) would be able to claim Thai nationality on the basis of their birth in Thailand.

Article 7 states that : *The child shall be registered immediately after birth.... (and has) the right to acquire a nationality...State Parties shall ensure the implementation of these rights in accordance with their national law and obligations under the relevant international instruments..., in particular where the child would otherwise be stateless.*

Thailand did not commit to the Article for fear that it would oppose the Thai Nationality Act. It is written in this Act that children born on Thai soil before 1992 are to be granted nationality, as long as their parents did not enter Thailand illegally, in accordance with the "state of birth" principle.

Since 1992, however, the granting of citizenship adheres to "races of birth" instead. The children of foreigners legally in Thailand can not be given Thai nationality unless their fathers or mothers are Thai¹⁴. The same rule is also applied to children of hill-tribe parents who have not yet received Thai citizenship.

In refusing to comply to Article 22 of the Convention, which concerns the legal status of refugees, Thailand maintains that refugees are 'illegal persons'. Their children born in Thailand, therefore, are denied citizenship and are not educationally supported.



Therefore, hill-tribe children and children born to migrant workers (or refugees in that sense) in Thailand are two vulnerable groups that fall into this category. As their parents are not recognized as Thais, many of them are non-citizen and stateless children.

HILL - TRIBE GIRLS

More than 800,000 hill-tribe people live in 20 provinces of Thailand especially in border provinces along Thailand-Burma and Thailand-Laos¹⁵. Large number of them fled from the Burma side to Thailand side due to economic hardship and impacts of long-running civil war.

For instance, some Akha people settled in Chiang Rai for generations revealed that their parents and grandparents fled from mountainous area somewhere in Burma or south of China, but it was long time ago. They can not say that they are Burmese people as they are not. They are Akha ethnic people. Since they have been settled in Thailand for generations, they should be granted Thai nationality, but in reality many of them have not been granted any citizenship.

Even hill-tribe children born on Thai soil have been facing many difficulties in receiving Thai-citizenship, as there are misunderstanding among Thai authorities on legal status of hill-tribe children as well as some existing discrimination laws and regulations against ethnic minorities. Therefore many children estimated about 100,000 are now non-citizenship as well.

In many cases hospitals refused to issue birth records for babies born to hill-tribe parents who have not yet received Thai-citizenship yet. Since there is no clear government guideline on how the hospitals should deal with the birth of babies born to parents who have no Thai legal status, the babies of immigrants and migrant workers also face the similar situation, which will be argued later.

Without birth recording documents, children cannot request for birth registration issued by Thai authorities. Therefore, many hill-tribe



children cannot meet the requirement to be granted Thai-citizenship, as many could not show evidence to confirm their existence.

Even though the situation of hill-tribe children is getting improved, the corruption among local authorities involved with the grant of Thai-citizenship is still high. Many hill-tribe people need to pay 20,000-30,000 Baht (per one child) to corrupted authorities so that their children born in Thailand will be granted Thai-citizenship.

It is not clear how many hill-tribe girls are non-citizen. However, there is information revealing many girl prostitutes in Chiang Rai and Chiang Mai provinces of Thailand are from Akha ethnic minorities and many of them are non-citizen. It proves that those ethnic minority girls without citizenship are easily involved with this business, as they are vulnerable. Without citizenship they are also unable to get education certificates which are needed for applying job. That means it is hard for them to see their bright future.

GIRLS OF MIGRANTS

A survey by the Ministry of Labour and Social Welfare estimated that there are about one million Burmese workers in Thailand¹⁶. This figure includes those belonging to ethnic minorities in Burma such as Shan and Karen. They have been flowing into Thailand in large numbers for some years past, away from the civil war and economic difficulties in their homeland.

Though Thailand enjoys and benefits from the cheap labour, the illegals bring with them public health and social problems, and these are passed on to their children. Unwanted by the Burmese authorities, and of little concern to the Thais, they are left to grow up without access to proper education, public healthcare and other social welfare programs. National security reasons are given for the lack of support and invisible existence of the children in the eyes of the Thai government. It is not known how many stateless children there are in Thailand¹⁷. Prof. Supang Chantavanich,



Director of Chulalongkorn University's Institute of Asian Studies, however, estimates that there are tens of thousands of them¹⁸. Prof. Supang has calculated there are about 16,500 in Ranong province alone. She bases her estimation on a study conducted in 1998, which found that there were about 150,000 Burmese living legally and illegally in Ranong, a fishing port close to southern Thai border. Of these, 75,000 (55%) live in a family setting, and about 22% of these are children. This comes to about 16,500 person.

A survey by the Ranong Provincial Public Health Office in March 2001 found there are 3,891 Burmese children under the age of 5. Mr. Tawat Huntara, newly retired Ranong governor, estimated that there is near about 2,000 children aged 5-8. On average there are about 500 Burmese children per year delivered at hospitals in Ranong. Many more children are born outside the hospitals. Because of poverty and a lack of access to the social welfare system, most Burmese women in Ranong prefer to give birth with the help of traditional attendants.

In the central coastal province of Samut Sakhon, there are about 300 Burmese children born at hospitals each year. The international aid organization Care estimates the total number of children born in the province at about 2,000. The number of stateless children nationwide is unknown at this time since there are many provinces, which have Burmese workers besides Ranong and Samut Sakhon. Many of them are in Mae Sot of Tak province, another Thai-Burma border province.

Children of illegal Burmese workers delivered at hospitals cannot be granted Thai citizenship because their parents illegally entered Thailand. And since there is no clear government guideline on how the hospitals should deal with the birth of babies born to parents who have illegally entered Thailand, these hospitals simply do not record the births. In Ranong and Samut Sakhon, pregnant Burmese women are allowed to deliver their babies in hospitals. Their babies are also given access to health and medical support based on humanitarian principles. These hospitals, however, remove the birth records of these babies from the last page of the doctor's appointment books, to prevent these children from claiming Thai nationality in the future.



Although the practice may arise from good intentions, academics and those working with Burmese workers disagree with these hospitals cutting out the children's birth records from the last page of the doctor's appointment books. "The birth-recording document, which is not the same as birth certification issued by Thai authorities, should be given to them. How can these children live and grow up without any evidence to confirm their existence?" asked Prof. Supang.

Moreover, those working with the Burmese workers suggest in concert that a birth recording system be set up, to make it easy to monitor the number of the stateless children and create the evidence of their birth and existence. At the least, the hospital birth recording documents should be issued to them, so that they can present it to Burmese officials as evidence of their birth when they move back to Burma.

"Most workers aren't aware of the importance of the matter and think the paper isn't necessary. Meanwhile, the Thai government is reluctant to give it to them," said Prof Supang.

The future of Burmese children born in Thailand is a big question mark. They live and grow up in a Thai culture and speak Thai. Some are unable to speak Burmese. They grow up in a Thai surrounding, but they have the status of an "illegal person." What can the children do when they are neither able to go back to Burma nor live here as a 'legal person'? In the future, these children will become a burden and problem for Thailand," said ex-governor Tawat. Prof. Supang suggested a possible solution: Thailand can grant citizenship to these Burmese immigrants after some generations have passed, the same way that citizenship was given to Vietnamese who migrated to Thailand. Getting birth certification in Burma is not an easy thing for illegals, as many come from minority groups, which are discriminated against by the ruling party. The Burmese government makes a distinction between 'Burmese' and ethnic minorities. Burmese workers who want to request birth certification must have influential persons to recommend their application. Therefore the chance of Burmese children born in Ranong to be granted a birth certificate in Burma is small and the possibility of Burmese children born in Samut Sakhon to be given certification is zero¹⁹.



THIRD CRUCIAL PROBLEM : GIRLS AND EDUCATION

In Thailand, despite past-pronounced gender differences in the education system, these had been reversed by the 1990s. Thai girls were more likely to reach upper secondary level schooling and to continue to the tertiary level than were their male counterparts. Thailand is not unique in enabling more girls than boys to study. Research in the Philippines also indicates that girls are more likely to be enrolled in schools than boys are.

"In these countries it is not the gender gap, which should be the focus of attention. Instead, it is the socio-economic gap that should be the main concern, with both girls and boys from poor families being unable to access education" [Girls at Work: Situation in Asia stated].

Recent statistics and indicators on education compiled by National Statistic Office show such number of students in various levels and opportunity rates, indicate that the present generation generally has equal access to education (see table 2-3 and chart 2)

Table 2: Percentage distribution of students in the formal school system by education level and sex, Academic year 1996 and 1998

Educational level	Academic year			
	1996		1998	
	Female	Male	Female	Male
Total	49.4	50.6	49.6	50.4
Pre-elementary education	51.1	48.9	48.9	51.1
Elementary education	51.5	48.5	48.5	51.5
Lower secondary education	49.8	50.2	50.6	49.4
Upper secondary education	45.3	54.7	56.5	43.5

Source: The National Statistical Office and Office of the Permanent Secretary of Education; Report of Education Statistics, Academic year 1996 and 1998.

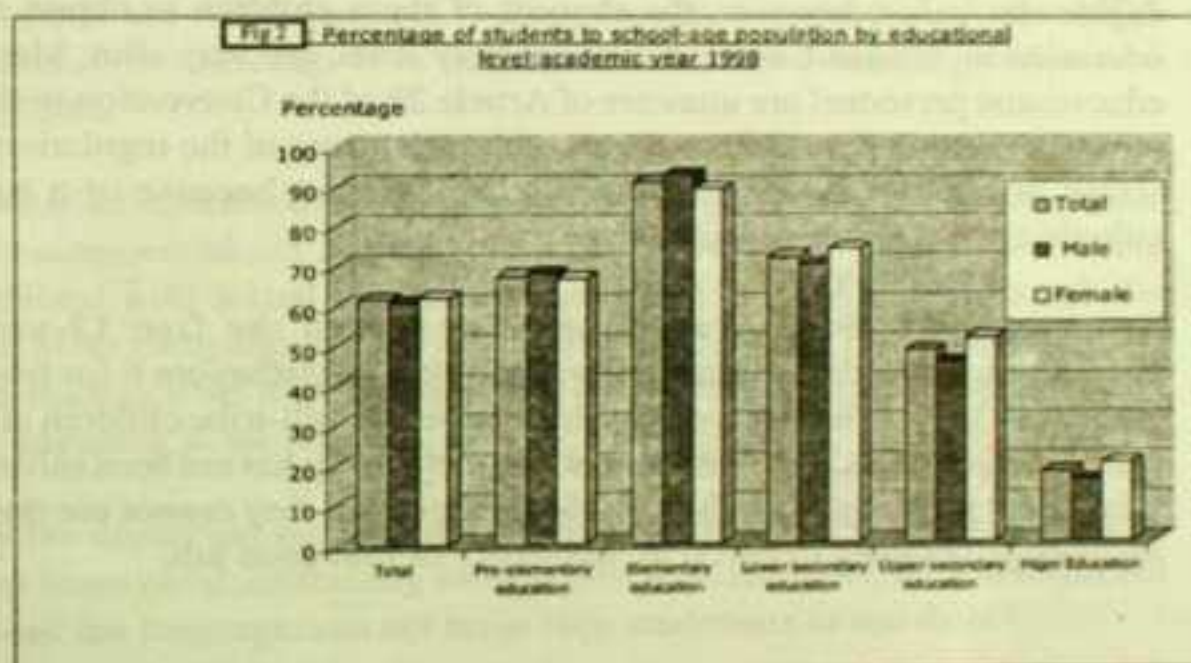
Note: Elementary education is compulsory in Thailand.



Table 3: Opportunity rate of students by education level and sex, Academic year 1996,1998

Education level	1996			1998		
	Total	Female	Male	Total	Female	Male
Pre-elementary education	71.7	72.0	71.3	76.3	76.7	75.8
Elementary education	92.2	91.7	92.7	91.9	91.4	92.5
Lower secondary	78.0	80.5	76.6	82.2	85.0	79.6
Upper secondary	25.1	27.9	22.3	30.2	34.8	25.9

Source: The National Statistical Office and Office of the Permanent Secretary of Education; Report of Education Statistics, 1996,1998.



Source: Report of Education Statistics, National Statistical Office, Office of the Prime Minister, Thailand, 1994-1998.

Even though, the percentage of students continuing their higher education is satisfactory due to the extension of compulsory education to



include lower secondary school (grade 7-9), not all students in Thailand enjoy this opportunity.

Thailand lifted its reservation on Article 29 of the UN Child Convention in 1997, which guarantees the rights of all children to access education in all states which ratified the Convention.

Not many hill-tribe students and offspring of migrant people benefit from such extension of compulsory education and the Article 29 of the Convention.

The reason is that the Ministry of Education issued a regulation in 1992, giving guidelines on providing education to children without domiciles and with non Thai nationality, but in fact that regulation stated that Burmese who illegally entered Thailand after March 9, 1976 can achieve only a compulsory level education. They cannot obtain a certificate or degree. In reality, however, the chances of these children to obtain an education in Thailand, even at a compulsory level, are very slim. Many educational personnel are unaware of Article 29 of the Convention or the ministerial regulation. Other schools, although aware of the regulations, refuse to allow these children access to education because of a bad attitude against Burmese workers.

Recently the Taksin's government announced the free 12-year compulsory education program from Pathom 1 to Mathayom 6 (or from grade 6 to 12)²⁰. This policy may also not benefit hill-tribe children and children of migrants, if the problem of non-citizenship has not been solved. It is almost meaningless if they can be educated but they cannot use their knowledge obtained to enroll in university or find good job.

FOURTH CRUCIAL PROBLEM: GIRLS WITH HIV/AIDS AND DRUG ABUSE

Former Prime Minister Anand Panyarachun recently delivered a keynote address on the problem of HIV/AIDS at the opening of the 57th session of the UN's ESCAP. Several parts of the speech are interesting. It not only



shows the current HIV/AIDS situation, but also pinpoints the severe effects on children and girls.

"HIV/Aids was threatening the entire country and had spread to all sections of Thai society. There were 143,000 new infections in 1991 alone. And it was predicted that over the next 20 years, up to 10% of Thais would die from Aids...

... We had to accept that this epidemic was being driven by socio-cultural practices, which no government wanted to admit existed. They included commercial sex, intravenous drug use, and cultural practices such as the sale of children and young women into sex work. The fact that all these activities are illegal makes people want to deny that they exist in our societies." Mr. Anand said.

According to the latest statistic, 759 children under 4 years and 91 students are AIDS patients.²¹ Even though, the number of new AIDS patients is reducing, it is still one of the main health problems of children.

As earlier mentioned that many girls from the neighboring countries enter the commercial sex business, these girls are under high risk of being infected with sexual transmitted disease and HIV/AIDS. Although the intensive campaign by the government and NGOs has succeeded to a satisfactory level, there are some who are careless and have no other choices in engaging in the business.

"A few customers are not willing to use condoms as a preventive measure and some girls, particularly foreign girls who are submissive and can not speak the language, can not insist their customers to use them"

Apart from HIV/AIDS, drug abuse among children is also a big problem. Senator Wanlop Tangkhananurak, a children's right activist, said recently that drug abuse among children was widespread in the year 2000, which also saw a sharp increase in violence and crimes against the young.



Drug abuse was the most serious among problems reported by non-governmental organizations concerned with children's rights and welfare in 2000.

"The drug problem is the worst of them all and the situation looks hopeless. I believe it will remain so for the next three or four years," he said.

Mr. Wanlop said: "crimes and violence against children also increased last year (2000), contributing to the worsening problem of runaway children. Most cases of violence and cruelty against the young involved family members and acquaintances including teachers."

"The cases range from physical assault to sexual abuse. And the nature of such crimes is getting more violent, like rape and murder. This has triggered the third problem of runaway children, let alone labour abuse, child prostitution and Aids," he said.

Mr. Wanlop blamed it on the weakening family institution and a lack of concrete policies from the government and agencies concerned to help strengthen it. His comment is absolutely true especially "a lack of concrete policies".

EXISTING LAWS

Thailand has many laws to suppress various forms of exploitation of children. Penal Code is the main law that has a chapter for punishing offenders committing sexual crimes. These offences range from rape to pornography and the punishment in each section is quite severe. The followings are existing laws and regulations in Thailand, which the instruments to cope with the above mentioned problems.

THE CONSTITUTIONAL LAWS

A new Constitution was passed by the Parliament on September 27, 1997. It was the first time that people significantly participate in the drafting



process. The new Constitution has some articles relevant to the problem of trafficking. These articles are as follows:

Article 30:- Persons shall be equal under the laws and shall be equally protected in the enforcement of the laws.

Men and women shall have equal rights.

The discrimination to any person because of the difference in his/her origin or place of birth, race, language, gender, age, physical condition or health, status of the person, economic or social status, religious believe, education, or political believe not contrary to the provision in this Constitution, shall be prohibited.

Article 43:- Persons shall have equal right in receiving basic education not less than 12 years which the State has the duty to adequately and satisfactory provide.

Persons have freedom in studying if the studying is not against the persons' duties as stipulated in the Constitution.

In providing education at all level, the participation of local administration and private party shall be considered in accordance with the laws.

Article 53:- Children and juveniles have the right to be protected by State from being abused.

Children and Juveniles who do not have custodians shall be raised and provided education by State according to the provision of laws.

The new Constitution guarantees that:

- *All persons will be treated equally under the laws no matter whether they are a Thai citizen or illegal immigrant and the equal treatment will cover protection and all rights stipulated in the Constitution.*



- *Article 43 provides that State has the duty to raise the compulsory education from the present nine years to twelve years. The long compulsory will help keep the risk groups children from being trafficked when they are very young with the hope that with higher education and more opportunity to get better jobs or receive further education they will not enter into the commercial sex when they grow up. Children of the illegal immigrants will have the same right to education as well.*
- *Article 53 has clearly stated that it is the duty of State to protect all children and juveniles (under 18 years) both Thai and foreigners from being abused. The abuse is not specified, therefore it means the abuse in all forms which includes labour, sexual, commercial gain, physical or mental abuses.*

THE PENAL CODE

The modern Penal Code of Thailand has been effective since 1957 with many amendments.

- *Rape is punishable with four years to life imprisonment and age of consent is over fifteen years.*
- *In case the victim is dead the penalty is capital punishment.*
- *Anyone who procures, seduces or leads away a woman (with or without her consent) for indecent act in order to gratify desire of another person is punishable with 1-20 years imprisonment.*
- *If the victim is a girl under 18, 15, or 13 the penalty is heavier depending on the age of the victim. The penalty in the case ranges from three to life imprisonment or death penalty.*
- *Having pornography in possession for personal use is not illegal in Thailand. The Criminal Code prohibits the trade, distribution, import, export, production or possession for sale or distribution or exhibition. The maximum penalty is 3 years imprisonment.*



THE PROSTITUTION PREVENTION AND SUPPRESSION ACT (1996)

In October 22, 1996 the Parliament passed the new Prostitution Prevention and Suppression Act which radically changed the concept of the former Prostitution Suppression Act of 1960 which had been used for 36 years. This present Act replaced the former Act of 1960.

The former Act intended to outlaw all forms of prostitution and the penalty for prostitutes was more severe than that for procurers. The main concept of this new Act is that prostitutes are victims of poverty, social problems and organized crime. Therefore the Act concentrates on heavier punishing procurers, brothel (both traditional and disguised brothels), owners, mama sans, pimps, customers and parents who sold their offspring for prostitution.

With this concept the punishment for prostitutes is greatly reduced. It means that being a prostitute is not illegal, but some acts are still prohibited. Prostitutes are not allowed to gather in a prostitution place because the gathering will bring pimps, owners and other exploiters to organize the gathering. They are also barred from advertising themselves for prostitution. The punishment of exploiters, on the contrary, is greatly increased.

- *A procurer or trafficker (with or without consent of the victim) is punishable with imprisonment from one to twenty years.*
- *An owner, manager, pimp, and mama san is liable to be imprisoned from three to twenty years.*
- *Anyone who detains another person for prostitution will be punished with one to twenty years or life imprisonment or death penalty.*

Two other new offences in the Act are that customers who buy sex from children under eighteen years old will be imprisoned from one to six years. The second offence is that parents who sell their child to a procure or customer for prostitution are liable to imprisonment of four to twenty years and their guardianship may be revoked by a court's order.



THE PREVENTION AND SUPPRESSION OF TRAFFICKING IN WOMEN AND CHILDREN ACT (1997)

This Act stipulates that conspiracy to commit an offence regarding trafficking in women and children is a crime and subject to punishment.

- *This Act lessens its requirement of the purpose of trafficking from commercial sexual abused to be for commission of act against a women and children.*
- *The penalty of trafficker is imprisonment from one to twenty years, life imprisonment or death penalty.*
- *The officials have wider authority to search and inspect establishments. The victims are to be helped and rescued and provisions are made to facilitate legal proceedings.*

In short, it should be noted here that Thailand has always many good laws and policies, but the law enforcement is still lacking.

CONCLUSION

The rapid economic development based on the free market system in Asia has resulted in both negative and positive effects for the country. However the negative impacts on children particularly girls are much more in comparison with good impacts. The international trafficking of millions of children, a system of modern slavery, has severely occurred. Only by having an accurate understanding of the roots of the problems we can find the appropriate strategies to remove "our girls" from the worst forms of exploitation. The ways out of the problems are in our hands!



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1. Amount of debt for agriculture in 1998 was 153.9 billion Baht from the 1998 International Survey of Agricultural, National Statistical Office, Office of the Prime Minister, Bangkok, 1998.
2. Matsui Y. **Women in the New Asia**, Bangkok, 1998.
3. These include farming, mining, the production of bricks, jar and ceramics, construction and shipbuilding, rice mills, animal husbandry, fisheries and related industries, warehouse labour and household work.
4. **Bangkok Post**, 29 August and 16 October 2001.
5. Roujanavong. W, **The Situation of Trafficking in Women**, Proceedings of the Regional Conference on Trafficking in Women and Children, 1999 SEAFILD/CIDA and UNICEF, 1997.
6. Archavanitkul K. **Trafficking in Children for Labour Exploitation including Child Prostitution in the Mekong sub-region**, Institution for Population and Social Research, Mahidol University, 1998.
7. Two most important laws are the *Prostitution Prevention and Suppression Act 1996* and the *Prevention and Suppression of Trafficking in Women and Children Act 1997*.
8. **The Children and Youth Survey**, National Statistic Office 1997.
9. Lim, L ,**The Sex Sector: The Economic and Social Bases of Prostitution in Southeast Asia**.1998
10. **Bangkok Post**, 19 November 2000.
11. Roujanavong, *op.cit.* 1999.
12. Archavanitkul, Kritaya and Kerdsawang, Pornsuk, **The Routes of Women Labourers from Neighboring Countries into Commercial Sex Business in Thailand**, Institute for Population and Social Research, Mahidol University.



13. Ibid.

14. Bangkok Post, 7 October 2001.

15. About 800,000 hill-tribe people in Thailand stand to receive Thai-citizenship. Of them 196,000 has already been put on the waiting list. However, according to August 29, 2001 cabinet resolution, hill-tribe people who settled in Thailand after 1985 ineligible to apply

16. Bangkok Post, 7 October 2001.

17. Ibid.

18 Bangkok Post, 7 October 2001.

19. This new scheme is planned to be introduced over five years, 2003-2007

20. Report, Office of the Permanent Secretary for Public Health, Ministry of Public Health. Bangkok, 1998.

21. Bangkok Post, 3 January 2001.



LIST OF CONTRIBUTORS

1. **BASABI CHAKRABORTY**, Centre for Urban Economic Studies, University of Calcutta
2. **GAURI SRIVASTAVA**, Department of Women's Studies, NCERT, New Delhi
3. **INDRANI SINHA**, Sanlaap, Kolkata
4. **K.G SANTHYA**, Population Council, New Delhi
5. **LIPI GHOSH**, Department of South & Southeast Asian Studies, University of Calcutta
6. **LUCKANA PEYAPRAPAPUN**, Asia Fellow, Asian Scholarship Foundation, Bangkok
7. **PAULA BANERJEE**, Department of South & Southeast Asian Studies, University of Calcutta
8. **RAJAGOPAL DHAR CHAKRABORTI**, Department of South & Southeast Asian Studies, University of Calcutta
9. **SHARMISTHA CHAKRABORTI**, Women's Studies Research Centre, University of Calcutta
10. **UTTARA CHAKRABORTY**, Department of History, Bethune College, Kolkata